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ARGUMENT

OF

SPIER WHITAKER, ESQ.,

*Of Counsel for Prosecution,*

IN THE

TRIAL OF DR. EUGENE GRISSOM,

*Supt. of the N. C. Insane Asylum,*

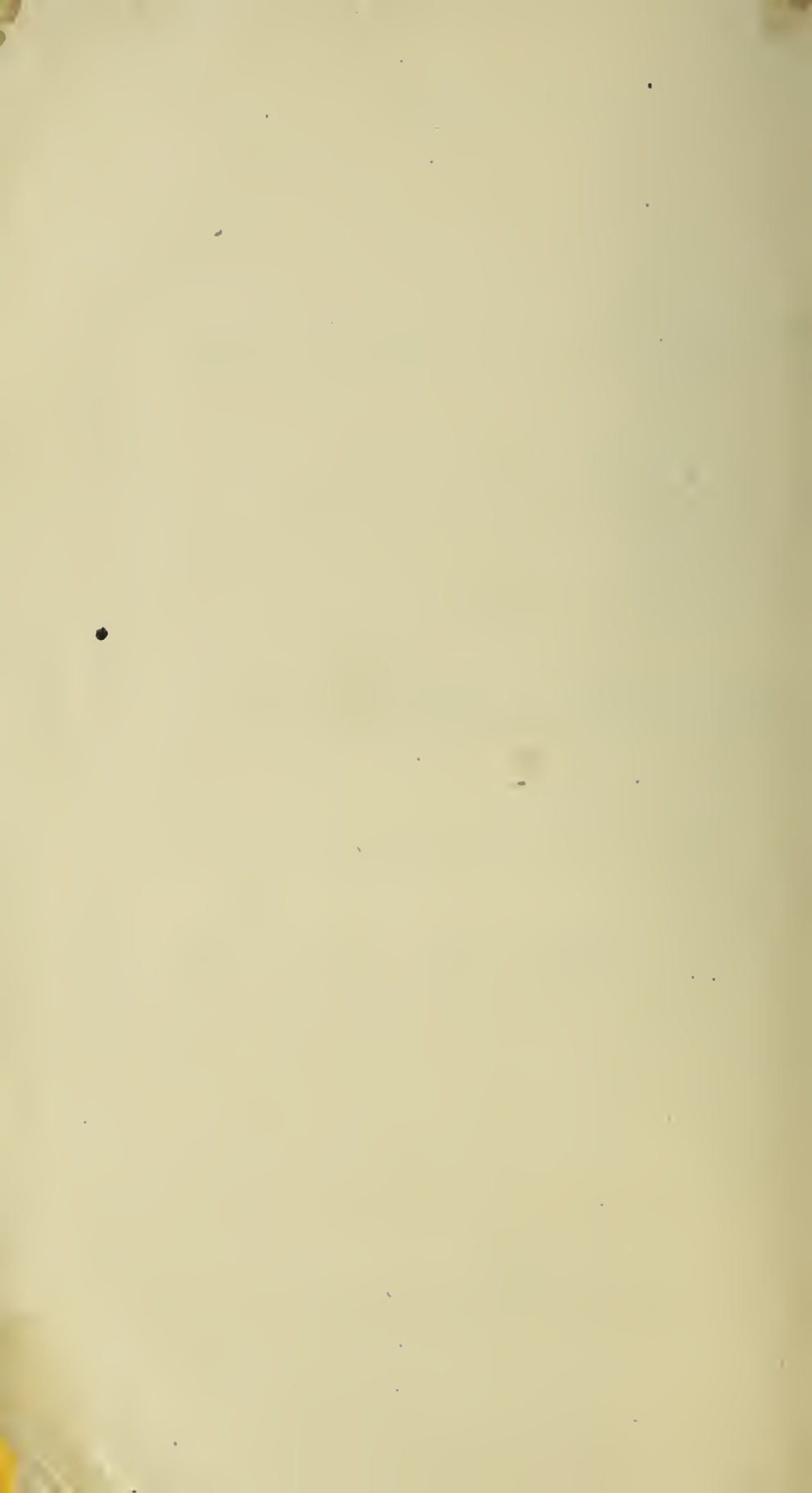
JULY 17TH, 1889.

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## ARGUMENT.

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*Mr. President and Gentlemen of the Board:*

William P. Letchworth, President of the New York Board of Charities, in an interesting volume, entitled the "Insane in Foreign Countries," says:

"The discardal of old and cruel forms of restraint has been shown to be conducive to the recovery of the curable and to the comfort and happiness of the incurable insane. Freed from his bonds, with opportunities for recreation and employment, the patient who, in former times, would have been a constant source of anxiety to those having him in charge, is now tractable and even serviceable in lessening the pecuniary burden consequent upon his care. To maintain the system which produces this result, however, is a work that taxes all the ingenuity and resources of an intelligent and experienced medical staff, supported by well trained attendants. They must be ever vigilant to win the patient gradually to ways of gentleness, if he be violent, and to arouse his energies and sympathies if he be melancholic.

"The appliances for mechanical restraint were not found in foreign asylums to the extent expected. The crib was nowhere seen and my inquiry for it in some instances was met by a look of surprise. Restraining chairs were sometimes observed, but muffs and gloves were only occasionally seen in use, and it was said that when they were put on it was usually for surgical reasons. Padded rooms for the seclusion of maniacal patients were found in many of the British institutions. The number of such rooms, always few, varies. In some parts they are losing favor. It was generally asserted that chemical had not taken the place of mechanical restraint.

"From my observations in asylums in Great Britain and in this country I should say that, on the whole, there was less restraint there than here, notwithstanding the fact that in many asylums in the United States it may be said to be virtually discarded. There can be no question that the theory of non-restraint, once so thoroughly resisted, is now coming to be universally accepted, and the extent to which it has been adopted in recent years in our asylums leads to the belief that the time is not far distant when what is commonly understood as non-restraint and the open-door system will be put in practice to a greater extent in this country than it now is in Great Britain or on the Continent.

"In many of the British asylums it is the rule that, in case it becomes necessary to use personal force to remove a patient, a sufficient number of attendants shall be called in to accomplish the object without having a doubt-

ful struggle. The fact thus made apparent that opposition would be useless frequently causes the patient to make no resistance whatever, and the desired change is effected without disturbance. An acute case, when violent and excited, is placed in exclusive charge of two experienced attendants who give the patient several hours' daily exercise in the open air and watch him carefully in the wards until his excitement subsides and one person can assume the care of him. Finally the other special attendant is relieved and the case receives ordinary attention."

The same author, in speaking of the necessity for intelligent and faithful attendants, says :

"An attendant who does not look upon a person mentally diseased with the same sympathy as he looks upon one bodily sick has a wrong conception of his relations to the patient, and is likely to be cruel when meaning only to be just. *It should never be overlooked by those in charge of the insane that they are not responsible for their acts, and may be entirely unconscious of what they are doing.* Failing to realize this, abusive language and personal indignities, directed to the attendant, awaken his resentment and a desire to discipline the patient. Hatred is thus inspired, and a permanent barrier is created between them. If the attendant would keep in mind the golden rule—'Do unto others as ye would that they should do unto you'—and imagine himself in the patient's place, and how he would like to be treated if similarly situated, much cruelty would be avoided and more of the insane would recover. *The law of kindness is universal and is as applicable in the treatment of the insane as in the treatment of any other of the helpless classes, and should be the guiding principle in their care.* Though its influence may not be immediately perceptible, its subtle power gradually wins its way, producing quietness where there was violence and disturbance, and developing self-control in both attendant and patient.

"As great suffering may result to the insane from neglect as from intentional cruelty or systematic severity. It is much easier to seclude or confine a man when restless or violent than it is to make some effort to employ him or divert his thoughts from real or imaginary troubles. *Separated from the world as he is, it rests with the attendant to soothe and comfort, or through indifference, incompetency, or acts of petty tyranny, to exasperate and make the daily life of a patient unendurable, thus deepening the dark shadows that have gathered around his clouded reason.*"

Mr. Clark Bell, President of the Medico-Legal Society of New York, in an article published in the "Medico-Legal Journal" of March, 1887, quotes Dr. Wm. A. Hammond as saying that the crib is barbarous and inhuman, and the bed-strap as bad or almost as bad, as the crib, with this difference—that a patient

may be strapped in a sitting posture, while in a crib, no matter how much blood there is in a patient's head, he is obliged to lie down. And Dr. W. J. Morton is of the same opinion. And the English Lunacy Commission, Lord Ashley, Chairman, says:

"Whatever may be the means or forms of control exercised over the persons of the patients, or whatever the degrees in which the application of this control may be varied in different asylums, we have the gratification of reporting that in every public and private asylum in the kingdom, which is well managed, bodily restraint is not permitted, except in extreme cases and under the express sanction of a competent superintendent. The unanimous opinion of the medical officers and superintendents of these public and private asylums is that the diminution of restraint in the treatment of lunatics has not only lessened the sufferings, but has improved the general health and condition, as well as promoted the comfort of the insane. \* \* \*

"The medical officers and superintendents who adhere to the system of absolute non-coercion, never using mechanical restraint, even in case of extreme violence, argue:

"1. That their practice is most humane and most beneficial to the patient, soothing instead of coercing him during irritation, and encouraging him when tranquil to exert his faculties in order to acquire complete self-control;

"2. That a recovery thus obtained is likely to be more permanent than a recovery obtained by other means; and that in case of a tendency to relapse the patient will, of his own accord, be more likely to endeavor to resist any return of his malady;

"3. That mechanical restraint has a bad moral effect; that it degrades the patient in his own opinion; that it prevents any exertion on his part; and thus impedes his recovery;

"4. That experience has demonstrated the advantage of entirely abolishing restraint, inasmuch as the condition of some asylums where it had been previously practiced in a moderate and very restricted degree has been greatly improved, with respect to the tranquillity and the appearance of cheerfulness among the patients in general, after all mechanical coercion has been discontinued;

"5. That mechanical restraint, if used at all, is liable to great abuse from keepers and nurses, who will often resort to it for the sake of avoiding trouble to themselves; and who, even when well disposed towards the patient, are not competent to judge of the extent to which it ought to be applied;

"6. That the patient may be controlled as effectually without mechanical restraint as with it; and that the only requisites for enabling superintendents of asylums to dispense with the use of mechanical restraint are a greater number of attendants and a better system of classification amongst the patients; and that the additional expense thereby incurred ought not to form a consideration where the comfort of the patients is concerned."



Dr. Blumer, Superintendent State Asylum at Utica, is of the same opinion.

"The idea of a corporal *punishment of the insane is an outrage upon our civilization*. An attendant or superintendent who under any circumstances strikes an insane patient should be at once discharged and then punished,"

says Mr. Clark Bell.

Mr. Bell further says :

"As to the care and treatment of the insane, the advance has been steady, pronounced and healthful. We observe as to mechanical restraint in asylums the superintendents, one after another, are discarding cribs, muffs, camisoles and the various implements so much in vogue in the quite recent past. No superintendent within our knowledge has made the trial seriously and in good earnest who has not succeeded. None who have succeeded have returned and gone back to their use. The success of those who have, year after year, in the larger institutions, gone on without resorting to it kindles a flame whose brilliant and beautiful light shines into every asylum in the land. It is a light of beneficence, of kindliness, of gentleness, of love and blesses alike those who wait upon and keep its lustre undimmed and visible, and the darkened minds on whom it shines. It glorifies the giver and the receiver. Long before the end of the nineteenth century all there will be left of mechanical restraint in America will be its terrible traditions, and we will read of the chains and other instruments used in American institutions as we now do in the parliamentary reports of Great Britain and of their counterpart there in the first half of the present century."

Dr. Wm. A. Hammond, in speaking of asylums, says :

"As a rule, I believe these institutions are well conducted, and that there is a growing tendency in some of them to do away, as far as is at present deemed expedient, with certain forms of mechanical restraint which are contrary to the principles of sound psychological medicine. That some superintendents conduct their institutions upon a better system than others is of course to be expected, and that success is, to a great extent, due to the character of this system is very evident."

Here follow some criticisms upon the management of the Raleigh Asylum in particular, but owing to the unfriendly relations then existing between Dr. Hammond and Dr. Grissom I will omit what he has to say with regard to him.

In a lecture delivered by Dr. Hammond before the Connecticut Medical Society, May 29, 1879, on the "Construction

Organization and Equipment of Hospitals for the Insane," in speaking of the crib, he says :

"Into this receptacle, the maniac, whose cerebral blood-vessels are gorged with blood, and whose whole aspect is that of a person suffering from cerebral hyperæmia or congestion, is put, stretched out at full length with less than a foot of space between his body and the top, and of course unable to sit up or to assume any other position than the recumbent. *Is it a matter for surprise that patients have died suddenly while subject to such restraint?* Why, it is only a little better than hanging them up by the heels."

The Superintendent of Poughkeepsie Asylum, Dr. Cleveland, dispensed with cribs in 1877; also Dr. Chapin, Superintendent of Willard Asylum, New York.

Dr. Morse, Superintendent of Dayton, Ohio, Asylum, is opposed to mechanical restraint. "Neurological Contributions," page 101.

Dr. Blumer, Superintendent of State Lunatic Asylum at Utica, New York, says :

"Under the old system of care, with mechanical restraint and the imposition of needless restrictions upon individual liberty, the attendant was oftentimes little more than a turnkey, and took little pains to individualize his patients. An especially troublesome man was restrained on the earnest request of the attendant, who, in this respect, soon acquired all the arts of a special pleader, and there was an end, for the time being, to his anxiety and annoyance from that source. What was the effect upon the patient? Increased maniacal disturbance, due to the attempted mechanical suppression of a symptom of his disease, increased loss of self-control and self-respect, and a retarded recovery. How did it affect the attendant? It placed a power in his hands *which he was bound, sooner or later, to abuse. It tended to make him harsh instead of humane.* It made him reckless instead of watchful. It made him careless in providing occupation for his charge. It prevented the substitution of his intelligence and mother-wit for mechanical means of control. In one, the old system stood in the way of individualizing treatment and tended to stigmatize the patient's disease. Since the beginning of the current year (1887) it has been found not only practicable, but decidedly advantageous, to dispense with all forms of mechanical restraint, such as muffs, camisoles, wristlets, belts, etc. The transition was not a violent one, for there had been for years an appreciable diminution in the amount used in this hospital. We had yielded with others to the convictions of personal experience and the influence of example elsewhere. The conception of what constituted the minimum amount of restraint had become less and less elastic, and we had tacitly,

if not unconsciously, fallen into line with other advanced hospitals of this character. The effect on the whole *morale* of the hospital must be apparent.

"To the most conservative observer the patients are quieter and more contented; the nurses are gentler and more intelligent, and the entire atmosphere of the wards is more wholesome." Manager's report State Lunatic Asylum at Utica, N. Y., p. 45.

The Committee on Lunacy, of Board of Public Charities State of Pennsylvania, November 10, 1885, says :

"Mechanical restraints have been abundantly proven to be worse than useless, having been abolished altogether in some hospitals, with the happiest results. *They are usually irritating and degrading to the insane and complicate the treatment.*"

This committee, in their report in 1886, says, at page 11a :

"Very little mechanical restraint is used in the hospitals; occasionally it becomes necessary for surgical reasons to keep bandages and dressings on the patients, in other cases to prevent injury to the patients themselves, or to other patients."

And in their report for 1888 they say :

"It can hardly be said that mechanical restraint is now used in any private or State hospital of this Commonwealth; occasionally, for surgical reason it may become necessary, or for the prevention of injury to the patients themselves, or to other patients; it never is otherwise used."

In the report of Superintendent of Wisconsin State Hospital for Insane, September 30, 1886, he says :

"One of the most important steps ever taken in the management of the institution was the total abolishment of all mechanical restraint. On 1st August last I abolished all mechanical restraint, removing from the wards every crib, muff, belt, camisole, anklet and other form of restraining apparatus. The result has exceeded my anticipations, and not one case of restraint has occurred since this system was adopted."

The Superintendent of the Danver Lunatic Hospital (Mass.) September 30, 1887, at page 16 of his report, says :

"Relating to the employment of restraint and seclusion, I can only say that patients have been thus treated only when their own and the welfare of others seem to demand it. Several highly dangerous epileptics have contributed



rgely to the list of persons secluded, it being deemed better for such patients to be alone during their excitement than upon the ward with others. . A considerable proportion of the restraint was for surgical reasons, or for the protection of a few feeble, general paralytics, and was in nearly every instance only sufficient to control the use of the hands."

The Superintendent of the State of Mississippi Lunatic Asylum, in his report, December 1, 1887, page 6, says:

"But a few years ago the large majority of the superintendents of American asylums were loath to believe that an insane household could be controlled without a thorough equipment for restraint, believing, unless supplied with this mechanical outfit, that great means of control and cure had been denied them; but how wonderful the change in the past decade, and now in almost all well-governed asylums scarcely a monument remains of what was formerly considered a *sine qua non* for the successful management of an insane institution."

The Superintendent of the Iowa Hospital for the Insane in his report, July 1, 1885, says:

"We use only what restraint may seem best for the well-being and safety of the individual or his associates, always bearing in mind that it is a surgical appliance, only to be used by the advice of a physician as such a measure, and never as a punishment."

The Medical Visitors' Report of the Retreat for the Insane at Hartford, Conn., April 1887, has this language:

"They have often noted the absence of mechanical restraints and the substitution of personal watchfulness on the part of the attendants as one of the most praiseworthy advances of the day in the treatment of the insane."

The Superintendent of the Northern Michigan Asylum for the Insane in his report, October 21, 1886, says, at page 34:

No restraints, seclusion or anodynes are used. It can be truly said that no household is remarkably free from excitement and irritability. The attendants have experienced but little difficulty in making the most excitable and nervous patients comfortable. The success of the more recent methods of caring for the insane principally lies in the absence of all harsh authority. A authoritative manner towards an irritable insane person, or one who suffers from delusions of suspicion, in no way tends to the development of his powers of self-control. The substitution of tact for force of any kind, in the treatment of the insane, will ever lead to the greatest attainable results."

The Superintendent of the Willard Asylum for the Insane New York, where there were 1,800 patients, in his report for the year 1886, at page 16, says:

"There were four individual patients who wore mechanical restraint at some time during the year. Two were surgical cases, and restraint was applied to prevent the removal of dressings; one was a powerful woman, who habitually assaulted her associates during periods of excitement, and was occasionally kept to her seat by a belt. The remaining case, a man who had persisted in suicidal tendencies and managed to mutilate himself in ingenious ways, was restrained by a camisole. Two women wore cloth mittens for a short time on account of active propensities to destroy clothing."

The Michigan Asylum for Insane in 1886 had almost completely abandoned the use of mechanical restraint. The Superintendent says that acts of violence are far less frequent than formerly—the patients are more quiet, orderly and clean. Superintendent's report, page 80.

The Superintendent of the Indiana Hospital for the Insane, in his report to the Governor of the State, says at page 7:

"It is a pleasing fact to know that the per cent. of cures among the patients has increased, and the death rate correspondingly decreased. More patients have been cured during the year and fewer have died compared with the number of patients under treatment than during any year in the history of the Hospital. This is largely due to the varied amusements that are in constant use in the institution, together with the non-restraint system that prevails. The minds of the patients are constantly engaged in something pleasant and they have no fears of being abused by the use of cruel restraints."

In the Athens (Ohio) Asylum for the Insane, as appears in the Superintendent's report for 1886, there was no mechanical restraint during the year. No mechanical restraint is used in the Maryland Hospital for Insane, the Pennsylvania Hospital for Insane, the Columbus, Ohio, Asylum for Insane, the Western North Carolina Insane Asylum, or the State Asylum for Insane and Criminals, at Auburn, N. Y. Hear what the Superintendent of the Alabama Insane Hospital has to say on this subject in his report, 30th September, 1886:

"It is very generally known that the system of mechanical restraint has for five years past been entirely discarded in this institution. And it gives me great pleasure at the end of another biennial period to re-affirm in the most emphatic manner all that I have previously claimed in behalf of the new departure. With the exception of the occasional confinement to his room of a maniacal or excited patient there has positively been no restraint of any kind imposed upon our patients. No advance that has been made in the treatment of the insane within the past fifty years has, in my judgment, accomplished better and more far-reaching results than the abolition of mechanical and other unnecessary restraint. It has been argued by some who are not prepared to proceed to the extremes that we advocate that in the absence of all mechanical restraints it becomes necessary in the treatment of the destructive, violent and suicidal insane to resort either to the administration of dangerous narcotics or to close and prolonged confinement. Our five years' experience has not borne out the truth of this statement, as I am prepared to prove. Out of a daily average of 722 patients during the past year the total number secluded were only 37, of whom 18 were men and 19 were women. The total number of hours were for the men, 204, for the women, 326. There are weeks and even months at a time when no patient has been secluded or placed in solitary confinement, a result which was never obtained under the old coercive system. In the matter of medical or chemical restraint, as it is called, it is a fact that less narcotic medicines are given now than at any previous period in the history of the Hospital. I do not misstate the case when I say that our consumption of hyoscyamin, a very common as well as safe and effectual hypnotic and quieting drug, does not exceed half a dozen grains during the whole year.

"The great changes which have taken place in the characteristics of the Hospital—in the quietness that pervades the wards, the tranquillity and contentment of the patients, and the confidence and good-will with which they regard their officers and nurses, are very striking when compared with the noise, restlessness, ill-will and suspicion that prevailed under the old system of restraints. That this manifest improvement is largely, if not entirely, due to the substitution of the more natural and rational methods of discipline for the often arbitrary and cruel use of mechanical apparatus there is hardly room for a reasonable doubt. It is gratifying to record that restraint of all kinds has been greatly reduced in all of our best managed hospitals for the insane, and that in its most objectionable forms it is now seldom, or never, resorted to by them except in those extreme cases where the life or safety of the patient or others is supposed to be in jeopardy. I am glad to say that we have never had with such extreme cases in our past five years' experience, although we frequently encountered them before, and we have pretty much reached the conclusion that the remedy itself does more to produce than to prevent them."

The English statute on this subject, enacted by Parliament in 1863, makes it a misdemeanor for any superintendent, officer,

nurse, attendant, servant, or other person employed in any asylum for the insane, to strike, wound, ill-treat, or wilfully neglect any lunatic confined therein.

I hope the time will come when the people of North Carolina will show their humanity by passing similar laws.

Here in this grand old institution—the pride and boast of every true-hearted North Carolinian—yes, right here in the midst of our boasted civilization—in the very sight of the capital—death to one of his patients, as we expect to prove, has resulted from the cruel and inhuman treatment of this “father of the unfortunate,” as Dr. Grissom is called by his counsel.

Oh, that he had learned from that big-hearted, sweet singer of the North, that

“Gentle as angels’ ministry  
The guiding hand of love should be,  
Which seeks again those chords to bind  
Which human woe hath rent apart,  
To heal again the wounded mind,  
To bind anew the broken heart!”

Before I begin to review the testimony of the witnesses examined before you I desire to read to you some letters introduced by the counsel for the defence, but not read by them.

Dr. G. H. Hill, of the Iowa Hospital for the Insane, Independence, Iowa, says:

“We have always used mechanical restraint in this institution to a limited extent. We have now 770 patients in the house—about an equal number of each sex. Last week one man was restrained every day by means of a leather cuff about one wrist and a strap connecting this with a stationary belt. This man has an inordinate propensity to break glass and cut himself, but is good-natured and does not object to being restrained. He is not restrained when out of doors, where he is a good share of the time at this season of the year, nor at night. Among the women one was restrained every day of the week and another five days out of the seven. This is all, and a fair showing of the amount of restraint ordinarily used in this institution. While some institutions advocate the use of non-restraint, yet they are still in the minority in this country, and I am not yet disposed to place myself in a position where I cannot use mechanical restraint under any circumstances, since it would be wrong to do so after a man has announced to the public that he does not mean to longer use restraint of any kind.”



Here is an insane man who has an inordinate propensity to break glass and cut himself. Is he strapped flat on his back to a bedstead? No! He is simply restrained by means of a leather cuff about one wrist and a strap connecting this to a stationary anchor.

The defendant's counsel have harped upon the fact that Upchurch and Barnett and Smith belong to a class termed by them "the criminally insane," and argue that in the treatment of such a man he was justified in using any means he chose, however harsh, in order to make "deep mental impressions upon them." Let us see what a prominent superintendent of an asylum for the criminal insane has to say in one of these letters introduced by L. Grissom.

Dr. Carlos F. MacDonald, State Asylum for Insane Criminals, Auburn, N. Y., says:

The question of use or non-use of mechanical restraint in the care of the insane is, in my opinion, purely a medical one, to be determined by the judgment of the superintendent, in whom is properly vested the direction of the medical and moral treatment of his patients. Authorities are, as you know, divided on this question, just as they are on the use or non-use of certain drugs in the treatment of their patients, some eschewing the use of restraint, while others equally competent, humane and sympathetic conscientiously believe in and advocate its use in certain cases. We no longer restrain in this asylum, having discontinued it absolutely more than eight years ago and we feel that we get on better without it."

Gentlemen, you will observe that Dr. MacDonald, the superintendent of an asylum where none are allowed but such as are known as the criminal insane, says that the question of the use or non-use of mechanical restraint in the care of the insane "is purely a medical one," and he also says: "for more than eight years it has been absolutely discontinued, and we feel that we get on better without it." There is not a word said about strapping being used to create "deep mental impressions," nor of any man being strapped to impress upon him the impropriety of abusing the superintendent.

Dr. Henry M. Hurd, Eastern Michigan Asylum, Pontiac, Michigan, says:

"As to the general inquiries in your letter, I would say that although I do not believe in the use of mechanical restraint as a system, and constantly discourage its application, I am free to say that there are emergencies arising in the treatment of mental disease which are better met by the application of mechanical restraint than by any other mode of procedure."

Dr. Geo. C. Palmer, Michigan Asylum for the Insane, Kalamazoo, Michigan, writes as follows:

"As you may be aware, I am a believer in non-restraint, as a rule, in our institutions; but experience has shown me—as I think to most superintendents—that a few cases are met with that cannot be dealt with as well in any other way as by the use of mechanical restraints. We have always done for our patients what seemed to be best, without any sentiments on the subject of restraints, and that is the case of a homicidal girl, who has made repeated assaults with intent to kill."

Dr. Jas. D. Munson, Northern Michigan Asylum, Traverse City, Michigan, says:

"An experience of ten years in the treatment of the insane has taught me that there are patients who cannot be properly cared for in safety to themselves and others without the use of mechanical restraints. The extremely violent or those with impulses to self mutilation, can scarcely be cared for without their use. Manual restraints are perhaps of greatest service in most cases, but in the class of patients to which I refer they are impracticable, for the reason of the great expense attached to it, and the great danger there is of the patients' either receiving injuries or inflicting them on their attendants."

Dr. T. J. Mitchell, Mississippi State Lunatic Asylum, Jackson, Miss., says:

"In regard to your inquiry, 'Is mechanical restraint ever employed in a well regulated institution?' will say that it is not uncommon. I myself am greatly opposed to mechanical restraint, if possible to avoid it, believing it quite degrading, but find at times it is quite indispensable to the comfort and security of the patients, hence when I think it subserves a good purpose I use it."

Dr. J. D. Moncure, Eastern Lunatic Asylum, Williamsburg, Va., writes the following:

"In reply to your inquiry whether mechanical restraints are occasionally required in American insane asylums, will state that I never visited a similar institution in America where they were not used at times. As for my own

um I have earnestly striven to dispense with them entirely for the last five  
rs, but in spite of all my efforts and my personal conviction that none should  
r be used I have had to resort to them in a certain class of patients whose  
ase renders them dangerous to themselves and others."

Gentlemen, I have not read these authorities to prove that be-  
se Dr. Grissom has used mechanical restraint he should be  
ued out, but to offset evidence offered by the respondent and  
w that the question of restraint or non-restraint is a dis-  
ed one, and that there are many and great men on both sides  
t. I propose to make you, gentlemen of the Board, a fair  
ment; in fact, I would be obliged to discuss this question  
ly, whether I were so inclined or not, for before these learned  
representatives of medical and legal science deception would be  
se than folly. I shall endeavor to quote nothing incorrectly.  
I should argue, as I said before, that Dr. Grissom should be  
ued out of his office because he sometimes used mechanical  
straint I would do so in the very face of your by-laws them-  
les, for they say :

to attendant shall ever apply any restraining apparatus to a patient ex-  
py order of the Superintendent, or of a resident officer under his direc-

his certainly implies that restraining apparatus may be used  
ne Superintendent, or under his orders. But the question is  
whether Dr. Grissom has used mechanical restraint, but  
her he has used it when it was unnecessary and to such ex-  
as to be cruel.

These by-laws further direct that *attendants* must act with  
nce and kindness and forbearance! These regulations were  
ed by a man who had a *heart* in him! And it never occur-  
to such a man that it would be necessary to give instructions  
te simple laws of humanity to the *Superintendent* and *As-*  
*st Physicians* of this institution—men who, in one of the  
ost callings under Heaven, had consecrated their lives to the  
of their suffering fellow-beings—not a word do we find as  
eir conduct towards patients.

Oh ! how could it have occurred to the author of that little book, that this humane, big-hearted gentleman, whom his counsel has almost asked you to bow down to and worship, could ever need such instructions ?

“The attendants shall treat the patients with uniform attention and respect, and greet them with friendly salutations, and exhibit such other marks of kindness and good-will as evince interest and sympathy. They shall speak in a mild, persuasive tone of voice, and never address a patient coarsely, or by a nick-name.”

I don't know, gentlemen, what is above—my ideas that happy hereafter, I must confess, are not perfectly clear, and my conception of that awful and mysterious power that rules the universe is vague at best, but I cannot help feeling that the great and merciful God himself inspired the writing of that book just as much as he did the works of St. John or St. Luke.

Having most probably by this time made up your mind as to whether mechanical restraint is in itself right or wrong, and if right, to what extent it should be used, I will leave that part of the question and discuss the special cases in which we claim that Dr. Grissom has made use of it to a cruel and inhuman degree for the purpose of gratifying his personal animosity and revenge. But allow me to digress a little.

One of the opposing counsel undertook to make you believe in regard to Upchurch that a full report was made of his case at the time for the benefit of the Convention of Asylum Superintendents, and that Dr. Rogers and Mr. Thompson endorsed and approved the treatment of him by Dr. Grissom. But let us see. Dr. Rogers, at that time fresh from college, had just received his appointment. I am not a physician, but I take it that it is in medicine as in law, that a young man when he receives his license has just placed his foot, as it were, on the first stone which leads to the house of knowledge, or in other words, he has simply laid the foundation on which to build that house.

Dr. Rogers made out the report under the direction of the superior officer, and Mr. Thompson copied it because he wrote



etter hand, and because, under the by-laws, he was the clerk of the Superintendent. It contained nothing about the brutal treatment of Upchurch by Dr. Grissom. "Therefore," say that gentleman's counsel, "*Dr. Rogers and Mr. Thompson endorsed it.*" It claimed also that the convention endorsed the treatment of Upchurch. Let me read to you that report written by Dr. Rogers and copied by Mr. Thompson:

"W. P. UPCHURCH—Admitted June 12th, 1878; male; single; farmer; is homicidal—shot his brother and has attempted to kill other people. He has terrible delusions, connected with other patients, attendants and others; at his bones, his head, neck, etc., are crushed; has hallucinations of hearing—hears people talking about him, planning to kill him, etc. On one occasion he kicked an iron bar out of his window-guard and defied any one to come to him; is a large, powerful man and exceedingly dangerous; often wakes up and tears up his bed-clothes, clothing and everything within his reach. His attacks upon people are sudden and without warning, and except for restraint would occur at least two or three times a day."

That medical convention endorsed *that* and nothing more! And Dr. Grissom go before that great assemblage and tell those men of science and philanthropy that he jumped upon a poor, maimed creature while held down by strong men and stamped him in the face?

Let me read you the words of Dr. Grissom which received the sanction and applause of the St. Louis Convention:

For ourselves, my brethren, we stand or fall, not upon the opinions of others but upon the performance of a sacred duty; not in blind adherence to any theory, but such as experience may recommend. Let us see, above all things, that we use and do not abuse any means of treatment God has placed in our hands for the protection of his stricken creatures, and we may fear not when they and we come to a final judgment before the Eye that seeth all secrets."

Now we will proceed to the dry facts. But first I want to refer to the declaration of one of the opposing counsel that everything done here has been with the sanction and approval of Dr. Miller.

What right has he to say so? Many and able lawyers have been employed to defend Dr. Grissom. They have come from all parts of North Carolina, and none abler can be found within its borders. Why, oh! *why* didn't they put Dr. Fuller on the stand? They have asked you to believe that that light which emanates from the great heart of Dr. Grissom, from the heart of this humane, this great, tender-hearted philanthropist, this wonderful man, who is covered all over with honors, is so bright as to cast into the shade, as it were, all other lights which we, in our ignorance, had thought were showing the way to seekers after the knowledge of the proper treatment of the insane.

It may be asked why the prosecution did not put Dr. Fuller on the stand. Dr. Fuller is a connection of Mr. Thompson, and his honorable, sensitive nature made him shrink from appearing on the stand as a witness for his kinsman in a matter of such deep moment and concern to him. It was out of deference to his feelings that he was not summoned by the prosecution. But there was no such difficulty in the way of his testifying for the other side. *They* knew, we all knew, that whatever might, if Dr. Fuller was put on the stand, he would tell the *truth*! I repeat the question, why didn't they do it? They have a right to believe that they were *afraid* to do so.

Now let me show you who Dr. Fuller is. He has been connected with this Asylum for more than thirty years, he was here before the great Grissom came, and he is to-day in the performance of those duties to which he has devoted almost a lifetime. Hear what Dr. Murphy, the Superintendent of the Western North Carolina Asylum, says of him:

"Dr. Fuller is without doubt wrapped up in his business and deeply interested in the welfare of the insane, not only those under his direct charge, but in the welfare of all. There is no personal sacrifice that he would not make for them. He is honest and capable, with sound judgment, what we call a long-headed man, slow to make up an opinion, but when he does arrive at a conclusion it is nearly always correct and always by using his reasoning powers. He is never carried away by passion or prejudice, but is deliberate and cool. His knowledge of asylums and asylum management is enormous. His best traits are his honesty, his ability to control himself, his passions

petites, his determination, and to always do right for right's sake, regardless of the opinions of others. No man has ever used him as a tool, and above everything else he is truly a Christian and a pious man. I would rather have commendation as a good asylum manager than any man's I know, for it could be worth more. He is fully able to form one, and he knows the false from the genuine. Dr. Fuller is a good man."

I take for granted that Dr. Murphy had never heard of Dr. Grissom.

He winds up with those pregnant words, "Dr. Fuller is a good man." Why didn't they put him on the stand? When they did *not* what right have they to argue that he sanctioned all this? For three long weeks we have been engaged, day after day, in the investigation of these charges against Dr. Grissom, and while we have been examining witness after witness Dr. Fuller has been passing to and fro along the halls and the wards of this asylum in the performance of his duties; and at almost any hour, upon ten minutes' notice, they could have had Dr. Fuller before this Board. They sent hither and thither in all directions, even beyond the borders of the State, for witnesses, and brought them here at great cost.

If Dr. Fuller approved of Dr. Grissom's treatment of the patients; if Dr. Fuller, by his long and intimate knowledge of the affairs of the Asylum and the conduct of its officers, would have been able to say that Dr. Grissom was a man of upright and high moral character, why, I again ask, why did not the counsel for Dr. Grissom put Dr. Fuller on the witness stand. Counsel says Dr. Grissom owes his promotion to his pamphlet restraint.

Bear in mind the title of his pamphlet: "Mechanical Restraint as a *Protection* to the Insane."

We will now take the cases as they come. I will cite Dr. Grissom's own testimony.

That of Miss Mary Foy comes first. With regard to her, two witnesses have testified—Miss Ella N. Edwards and Dr. Grissom. Wherever the defendant flatly denies the statement of a witness I give him the benefit of the doubt and pass it by.

## MISS MARY FOY.

Miss Ella N. Edwards testifies:

Do you know Miss Mary Foy? A. I do; she was my patient when I had charge of the first ward.

How old was she? A. I should say she was about twenty-five or thirty.

How did she behave? A. She always behaved very nicely.

Do you remember any treatment of her by the Superintendent? A. I came in and said good morning; she did not speak, then he spoke again and she did not speak, and he asked her if she did not like him; he told her he was the Superintendent of the institution, and told me to go to the dining room and get a dipper of water, and he threw it right in her face, and I laughed and he went out laughing.

That is the story; she had done nothing.

Miss Mary Foy is a daughter of one of the most highly cultivated and refined families in Eastern North Carolina. She was reared and educated in the midst of luxury, culture and refinement. A lady by birth and by education, how terribly mortifying and humiliating such treatment must have been to her.

Dr. Grissom says:

"Miss Mary Foy was admitted in September, 1888, and was sent home on probation. She was then discharged and has been re-admitted. She is here now. She is a patient of many hallucinations. She imagines herself to be the wife of Dr. Rogers. She had the habit of seizing hold of him when he came about her. She had a demoralizing influence over other patients. She is not addicted to fighting. Miss Edwards' testimony as to my treatment of Miss Foy did not occur. On a different occasion, and not in the presence of Miss Edwards, I ordered her locked up in a room and threw a dipper of water in her face for the purpose of impressing her with the impropriety of her conduct. I have found a certain class of patients who are very hard to impress. Words are not sufficient. It is necessary to restrain them. This, however, should be resorted to only in cases of necessity. I have frequently resorted to throwing water in the face for the purpose of producing a mental impression that could not be done otherwise. In her case there has been a great improvement. She hardly ever repeats the improper conduct. It was the only time I ever threw water in her face. It is the usual custom in all institutions of this kind for the superintendent to establish and maintain a system of discipline. I do not remember what attendant was present at the time of the occurrence. It was not Miss Edwards. I do not recall any other instance of unusual treatment to Miss Foy."



"I ordered her locked up in her room and threw a dipper of water in her face for the purpose of impressing her with the impropriety of her conduct! I have found a certain class of patients who are very hard to impress. I have frequently resorted to throwing water in the face for the purpose of producing a mental impression that could not be done otherwise."

I, the Czar, the almost *god* to whom people should bend the knee in adoration. I, greater than all other alienists, even I, have found in my long experience that it is necessary to make a mental impression upon a certain class of patients, and that to do so it is necessary to dash water in the face, to bind hand and foot for hours and days until human endurance is exhausted. True it is that the Board of Directors of this institution have formerly forbidden any such treatment, and the most enthusiastic of those alienists who advocate mechanical restraint say that it could be used only to prevent the patient's doing violence to himself or others, and for surgical reasons. True it is that it has never occurred to the mind of any alienist or philanthropist that these similar means should be used as a punishment, or, as I call it, to make a mental impression, for impropriety of conduct. But what do they know of these things? What is their little experience or their small knowledge as compared to that of the great Czar, who has ruled supreme in this institution for twenty-long years?

Let this or any other insane woman in my keeping, be careful of what hallucination possesses her mind! It is true that Maj. Chrie's experience has shown that delusions and hallucinations are uncontrollable possession of the minds of the insane, and although the victim of these hallucinations and delusions is conscious of them, that it is impossible to prevent or control them—yet I, the great, tender-hearted philanthropist, as my counsel calls me, to whom the knee should be bent in adoration, will not submit to—will not permit to go unpunished—any woman, no matter how insane she may be, in whose mind dwells a hallucination of being the wife of that man, whom above all others I detest, and I will lock her up in her room and dash a

dipper of water in her face in order to impress upon her the great impropriety of such hallucination.

Gentlemen, when I reflect upon this testimony, when in imagination I see this refined, but poor, unfortunate insane woman standing there in her room quietly submitting to the indignity of having a dipper of water dashed into her face because of what she could not help, by this man whom the preachers have described as a tender and solicitous father to the unfortunates in his charge, I have not words to express my deep and bitter indignation. When these men of God came over here on Sundays to administer to the insane as much of spiritual comfort as possible—when they noticed Dr. Grissom's close attention to their divine services, and when they saw him with his unfortunates on dress parade, as it were, being gentlemen themselves, they were easily deceived, and naturally came to the conclusion that Dr. Grissom was to be compared to a tender-hearted father, solicitous of the welfare and happiness of his poor, unfortunate children; but they did not see Dr. Grissom dashing water in the face of this poor woman—they did not see him, red with anger, ordering poor Smith to be strapped for saying what he could not help; they did not see him, possessed with rage, stamping with his heels upon the face and neck, while he was held powerless upon the floor by strong men. I present to you the picture of Dr. Grissom, as drawn by himself—"I threw a dipper of water in her face for the purpose of impressing her with the impropriety of her conduct. I have found a certain class of patients who are very hard to impress. Words are not sufficient. It is necessary to restrain them."

The counsel on the other side have read to you letter after letter addressed to Dr. Grissom by eminent alienists as to the necessity of mechanical restraint, but in all these letters, as well as in all the writings on this subject which they have read to you there is not even an intimation that under any circumstances an insane person should be punished for what he has done. But, says Dr. Grissom, I do not punish them; I am a tender father to them!

could not take a poor insane woman, whose friends are far away and who is absolutely in my power, and punish her because she, by her insanity, imagined that my enemy was her husband! True, that because of this I locked her up in her room and threw water in her face, but this was done to make a mental impression upon her as to the impropriety of her conduct!

Remember, gentlemen, that you, too, or some one near and dear to you, may be sent to this Asylum and assigned to the care of this "tender-hearted philanthropist." I pray that God in His mercy may not give you this bitter cup to drink. But this misfortune may overtake you, and delusions and hallucinations entirely beyond your control may run wild across your brain, and amongst these hallucinations there may be one which is pleasant to Dr. Grissom. You may fancy that some enemy of Dr. Grissom is not the meanest of men, or you may imagine that Dr. Grissom is not that pure and moral, that great, illustrious and God-like man which the counsel on the other side have undertaken to make us believe. Far be it from him to punish you for these things, but he will lock you up and dash water in your face, or throw you upon the floor and curse you and choke you nearly to death to make a mental impression upon your poor insane mind. For the sake of the argument I will ask you to discard for the moment the testimony of Miss Edwards and consider that only as worthy of belief which has been given to you by Dr. Grissom himself. And when you have done so, how can you acquit him of this charge? I do not appeal to you to convict him of a charge so serious as this, and one which we found to be true ought to send him in disgrace from this Asylum. But when you consider *his* testimony only how, I ask, in the name of truth and justice, can you acquit him?

The next case which I shall present to your particular attention is that of

MRS. WHALEY AND MRS. OVERMAN.

Miss Ella N. Edwards testifies:

Do you know Mrs. Whaley and Mrs. Overman? A. Yes, sir; they were patients on the first ward.

Do you know whether or not they were violent? A. Mrs. Whaley was violent; Mrs. Overman was not.

Do you know anything in regard to their treatment? A. One day they got to quarreling on the ward, and at last one of them hit the other. I locked them in separate rooms; I reported it to the Superintendent; went first to the matron, and then I went to the Superintendent's room and found her there. I told Dr. Grissom about that; he said he would go and attend to them; the matron started but said some one called her and went back. She did not want to be there. Dr. Grissom took them and put them in a storeroom in the first ward, and told them to fight now as long as they wanted and they did fight, and he stood at the trap-door and looked at them and told them to fight and laughed at them. Then he went on out and told me not to put it down on my report; one of them had her hair pulled out fearfully; one had short hair, and they bruised each other very much.

Now, gentlemen, there is no uncertainty in this testimony of Miss Edwards. It was printed and went into the hands of Dr. Grissom early in this trial. Many days afterwards, when Dr. Grissom went upon the stand, having had abundant time in which to scrutinize it, he was fully aware of what it contained and if it or any part of it was not true he would have squarely and unmistakably denied it. Hear what he says:

"The allegation that Mrs. Overman and Mrs. Whaley were locked in a room together and told to fight till they got tired of it is totally untrue. On one occasion I remember threatening to lock up two patients who had been fighting. I don't remember who they were. I told the attendant in their hearing to lock them up and let them fight it out. If they were locked up at all they did not fight and would not have been permitted to fight. Patients have never fought to my knowledge or consent. Mrs. Overman is a violent patient at times. She is strong and stout. Mrs. Whaley is a patient who fights a great deal and is very mischievous. Mrs. Overman has perhaps not improved while here. Mrs. Whaley has improved and is now easy to manage.

"On one occasion I remember threatening to lock up two patients who had been fighting; I don't remember who they were; I told the attendant in their hearing to lock them up and let them fight it out. If they were locked up at all they did not fight, and would not have been permitted to fight."

He gave these instructions to the attendant, went away and does not know what happened afterwards. "I told the attendant, in their hearing, to lock them up and let them fight it out. He does not say that he at the same time whispered to the attendant



not to do so. He does not testify that he gave these instructions to the attendant, in the presence of these insane women, in order simply to frighten them, and that he at the same time told the attendant not to obey his order, but that having given this order he went away and does not know what happened! "If they were locked up"! Why doesn't he say that they were not locked up! Why doesn't he say that the attendant well understood that they were not to be locked up? Read again the direct, positive and straightforward testimony of Miss Edwards, and the dodging, equivocal testimony of Dr. Grisom, and then see if, in the mind of any fair man, there can be any doubt of the truth of this charge.

The next case to which I call your attention is that of

#### ZEB. WILLIAMS.

J. A. Tucker testifies:

Do You know Zeb. Williams? A. Yes, sir.

Did you ever see him strapped? A. Yes, sir; he was strapped for fighting another patient who was sleeping in the same room with him.

What was Williams doing at the time he was strapped? A. He was lying on the bed quiet.

Was he strapped as a punishment? A. Yes, sir; he was strapped as a punishment for fighting another patient.

#### CROSS-EXAMINED.

Zeb. Williams is in the institution now, is he? A. Yes, sir.

He has escaped twice, has he not? A. Yes, sir.

What did you say was done with him? A. He was strapped to the bed-head for fighting another patient.

Mr. Tucker, while on the witness stand, must have made the impression on you as being a man entirely disinterested and truthful. He is now chief attendant of the male department, and would not be permitted to hold this responsible position unless he was a man of character. Although the country has been scoured to find witnesses to testify against the character of the witnesses for the prosecution, and although our witnesses have been subjected to the most searching cross-examination, not one

word has been heard against the good character or truthfulness of Mr. Tucker. He therefore stands before you unimpeached and as in every way worthy of belief. Mr. Tucker swears positively that some time after the patient Williams had been fighting his room-mate, he was strapped under the orders of Dr. Grissom as a *punishment* for what he had done.

Dr. Grissom testifies in regard to this matter :

"Zeb. Williams is here as a patient; he is excitable; he has never been mistreated by me."

He does not deny the testimony of Mr. Tucker, but simply says, "he was never mistreated by me." He does not even undertake to get rid of the force of this testimony by saying that he did this to make a mental impression. His majesty seems to think that it is unbecoming and unnecessary for him to take the trouble to deny the testimony of a man occupying such humble position as Mr. Tucker. He simply says, "I never mistreated him." I am the judge of what is mistreatment; I am the great alienist! My long experience has taught me what is proper in the treatment of the insane, and it is beneath me to undertake to deny or explain anything that may be charged against me, even though be proved by the testimony of an honorable witness.

The next case I will take up is that of

MIKE COSGROVE.

Mr. R. I. Hogan testifies:

Do you remember Mike Cosgrove? (Objection—leave is given to put Cosgrove's name in specifications and he is added to the specifications).

What kind of a patient was he—was he a violent one or otherwise? A. It was right easy.

Did you ever see him strapped? A. Yes, sir.

Under whose orders—Dr. Grissom's? A. Yes, sir.

About what time? A. In the latter part of 1885.

For what was he strapped? A. For abusing the Superintendent and cursing him. The Superintendent was coming through the institution when Cosgrove was and he got to cursing and running around him and he followed him to the lower end of the hall; then he was ordered to be strapped.

How long was he strapped? A. Until the next morning.

## CROSS-EXAMINATION.

Now with regard to Cosgrove you say that Dr. Grissom came into the ward and Cosgrove cursed him, and followed him? Yes, sir.

Was he a violent man? A. No, sir; nothing more than talking.

I ask you whether a man strapped in that way cannot sleep? A. Well if he was really sleepy he might perhaps a few minutes at the time.

Did these straps hurt the patients? A. It depends upon how tight they were put on. When patient will lie right still they will not hurt. The object of strapping is to make them lie still.

There is that poor, insane man strapped to the bedstead all night long—tied hand and foot, limbs and body, so that it was impossible for him to move a single muscle except in turning his head from side to side, and able, perhaps, to lift his head or two inches above the pillow. True, he had abused and cursed the Superintendent, but it is also true that by the dispensation of Divine Providence he could no more control his words or his actions than he could move a mountain. When a man learns to control himself then he is no longer insane and this institution is no place for him.

Strapped! and asleep! How could he sleep! Imagine yourself under the most advantageous circumstances (circumstances which, by the way, did not exist in the case of poor Mike Cosgrove), lying flat on your back upon the most elegant hair mattress with steel springs underneath, a soft and downy pillow, with your hands fastened across your breast, with straps running from each arm around the bedstead, with a strap running around the middle of your body, a strap around your thighs, a strap around your legs, with each foot fastened to one of the lower corners of the bedstead, a strap around the upper portion of your body near the neck, and all of these straps fastened tightly to the bedstead so that you would be utterly unable to move a muscle of your body except to move the head from side to side and to lift it perhaps two inches from your pillow. Imagine yourself in perfect health and with strong nerves; place yourselves, gentlemen, in this position for one hour, and I venture to say that when you have done so you will have tasted the tor-

tures of purgatory. Go further; lie in this position for one night, let your room be as pleasant as possible, let the balmy breezes fan your fevered brow, and when the bright sun rises in the east, and throws its first rays into your window—even under these circumstances, I say, you will have realized that you have undergone in that one night the sufferings of the damned. Has he murdered anybody? Has he committed any arson? Has he violated the virtue of any pure woman? No, indeed!

He has done none of these things, but he has cursed the Superintendent! Unpardonable sin! Under the wise and beneficent laws of North Carolina, even though he may have violated every criminal law of the land, because he was insane, because he could not control himself, the State did not and could not punish him but held out to him the hand of mercy and pity. But this humane man—this great and tender-hearted philanthropist—I know he is humane—I know he is tender-hearted—because his counsel say so—simply because he cursed him, tied this poor man hand and foot, body and limb, flat on his back, unable to move for one whole night! Short, indeed, may have seemed that night to this great and tender-hearted philanthropist, but oh how long, how miserable and how full of torture must it have been to poor Mike Cosgrove!

Dr. Grissom says:

“Mike Cosgrove came here in March, 1884. He was a native of Ireland. Before admitted here he was a hard drinker. He was restless, excitable and violent. He would sometimes knock his head against the wall and floor. One evening about 8 o'clock he was strapped to the bed. Within an hour he was quiet and remained so. Restraint was the only way by which he could be made to rest and sleep.”

Does he say that he was strapped to the bed because he was violent? No! He had read Hogan's testimony in regard to this matter, he knew what Hogan had testified, he has not denied the truth of Hogan's statement, and Hogan says that it was because this poor, insane, weak, helpless man had cursed the Superintendent, and thereby committed what seems to be regarded by this institution as the unpardonable sin! There is the case, gentlemen.



emen. I leave it in your hands. Be merciful to Dr. Grissom ! Remember that if you decide against him, you must send him from this Asylum in disgrace. Remember his wife and his children, and that his disgrace will be theirs also, and acquit him if you can ! But in the name of humanity I call upon you to be merciful also to these poor, helpless creatures entrusted to your care, and I call upon you, no matter how many masonic regalias, no matter how many medical honors may be held up before you to dazzle your eyes and blind you with their brilliancy, to see to it that no man shall ever hereafter be tied hand and foot on his back all night as a punishment for what he could not help. We will next take the case of

ROBT. BARNETT.

W. J. Crutchfield testifies :

Do you know a man by the name of Barnett, a patient ? A. Yes, sir ; Robert Barnett.

Did you ever see Barnett, this insane man, strapped under the orders of Dr. Grissom ? A. Yes, sir.

What was that done for ? A. I do not know what it was done for.

When was it ? A. Something over a year ago.

Were you present ? A. Yes, sir.

Was Dr. Grissom ? A. Yes, sir ; part of the time ; I do not think he stayed while we got through.

What was Barnett doing ? A. Barnett was being strapped when I first saw him.

Did he make any resistance ? A. He was excited and talking and he did not resist.

How long did he remain strapped ? A. I do not know ; he was released before supper sometime.

CROSS-EXAMINED.

Robert Barnett was a powerful man, was he not ? A. I think he was a powerful man, but not a powerful man according to his size ; he weighed about a hundred pounds.

Was he known as a fighter ? A. Yes, sir ; when I came here that was his reputation.

He has been transferred to the Morganton Asylum, has he not ? A. Yes, sir.

When was it he was strapped ? A. I do not know ; he was not in my ward when he was strapped.

Dr. Grissom testifies :

"Robert Barnett was admitted in December, 1874, and was transferred Morganton in 1888. He belonged to the class of criminally insane. He has been tried on a serious criminal charge. He was restrained; *it was not done as a punishment, but to try to impress upon him the propriety of better conduct.*"

He was sent to this Asylum because under the beneficent law of North Carolina, being insane, he was not responsible for what he had done. The State said to him, "You do not deserve punishment, but you are entitled to, and shall have pity!" The State sends him here to this "father" as he appeared to the preachers in his Sunday dress—to this tender-hearted philanthropist of the opposing counsel—to administer to him comfort, solace, relief. Did he get it? Better far abolish that rule of law which excuses and declines to punish those who are not responsible for their acts and send them to the penitentiary to wear the striped cloth of disgrace and handle the pick-axe than to turn them over to the care and keeping of this tender-hearted father of the unfortunate.

Does Dr. Grissom say this man was restrained because he was dangerous? Does he say that he was restrained because he was violent to himself or to others? No! "It was not done as punishment," says Dr. Grissom, "but to try to impress upon him the propriety of better conduct." What are people sent to jail for? When a man has been found guilty of stealing a horse and the judge sentences him to a term of years in the penitentiary, is it not to impress upon him "the propriety of better conduct"? Is it not to produce upon him such a "mental impression" that he will steal no more horses? "Oh! no," says Dr. Grissom, "I did not punish this man because he cursed me. I simply subjected him to the tortures of the bed strap in order to impress upon him the propriety of better conduct." I am obliged to say that I have a perfect contempt for such a subterfuge!

Mr. Guthrie, who was examined as a witness for Dr. Grissom in giving an account of his insanity and his sojourn at this A

um, told us that even in his worst condition when his imagination was running wild as a young horse upon the prairie, when delusions and hallucinations were flitting across his mind, one after another in endless numbers, and when he was entirely beyond his own control, he was keenly sensitive to his surroundings, and that to this day every word and every act said or done by himself or others was indelibly impressed upon his mind. So we have been taught, gentlemen, by Dr. Grissom's own witness that the insane are as susceptible and as sensitive to bad treatment as other persons and that in fact about the only difference between a sane and an insane person is that the one has control of his mind, while the other has not. And if we had any doubt of it before we heard the testimony of Mr. Guthrie, we must know now that poor Mike Cosgrove, while in the embrace of that cruel instrument of torture, must have suffered as you or I would. I now leave this case also in your hands. Do not ask you to convict Dr. Grissom upon this charge. Read the evidence, consider the circumstances, bear in mind the solemn obligations which rest upon you. Do not forget the sacred duty which you have been called upon to perform, and if you can acquit Dr. Grissom, do so. Save him if you can.

The next case I desire to call to your particular attention is that of

J. C. HERVEY.

W. J. Crutchfield testifies :

What is your occupation? A. An attendant at the male ward at this institution.

Do you know a patient by the name of Hervey? A. I do, J. C. Hervey. Did you ever see him receive any unusual treatment in the hands of Dr. Grissom? A. Yes, sir.

When? A. In 1887 while I was ward attendant.

State all the circumstances connected with that. A. Dr. Grissom told a colored man to slam him down on the bed. He was talking very vulgar to Dr. Grissom about Dr. Grissom's wife.

What else did he do? A. He spit at him. He was somewhat excited. A servant had slammed him on the bed. He took him and slammed him on the bed and he lay there awhile. He then got up and at Dr. Grissom, then

the servant was ordered to slam him down again. He spit at Dr. Grissom when he got up the first time. He did not spit at him before that time. The Doctor put his foot on his body about the hip.

Hervey was an epileptic patient, was he not? A. Yes, sir.

He had his bed on the floor? A. Yes, sir, when he was on his bed he was on the floor.

#### CROSS-EXAMINED.

Hervey was an epileptic patient; was he violent? A. At times he was.

You say on one occasion Dr. Grissom went into his room. Did he not make an attempt of violence against Dr. Grissom? A. No, sir.

You say he spoke against Dr. Grissom and his wife most obscenely and filthily? A. He did. Dr. Grissom ordered the attendant to slam him on the floor. A colored man slammed him down. His name was A. Goss. He was then allowed to get up. He spit at Dr. Grissom and he took him by the shoulders and jerked him down on the bed and put his foot on him. He did not put his foot on him the first time. It was when he spit at Dr. Grissom when he was slammed down the second time.

Was he injured in any way? A. I did not discover that he was.

Dr. Grissom testifies :

" Mr. Hervey was admitted July 3, 1883; is here now. He is violent at times in a spasmodic sort of way. I remember, on one occasion, in passing through the ward, he made a sudden demonstration of violence toward me, using the most vulgar and indecent language about my wife. *For a moment I was exceedingly angry.* There was so much insubordination in the wards that I was more susceptible to anger than I otherwise would have been. I ordered the servant to throw him on the floor. *I hoped to be able to impress on him the impropriety of using vulgar language, but did not intend to hurt him, and he showed no signs of being hurt, and was not hurt.*"

" When attendants receive insulting and abusive language they must keep cool and forbear to recriminate or threaten. Violent hands shall never be laid upon patients under any provocation," say the by-laws of this institution.

So anxious were the directors of this institution that the unfortunate insane should be properly and humanely cared for that in their by-laws, which were required to be placed in the hands of every attendant, and so afraid were they that some attendant should under some great provocation lose his temper and be unkind to the poor, helpless unfortunates in their charge, that



directed in plain and simple but forcible language that when attendants receive insulting and abusive language they must keep cool and forbear to recriminate or threaten, and that violent hands should never be laid upon patients under any provocation. I take for granted that it never occurred to the author of these by-laws that any physician acquainted with the nature of insanity would need any directions, any law, to make him kind and humane. With that law before him this great man, this tender-hearted philanthropist, covered all over with medical, masonic and Christian honors, says :

"On passing through the ward, he made a sudden demonstration of violence towards me, using the most vulgar and indecent language about my wife. For a moment *I was exceedingly angry*. I ordered the servant to throw him on the floor. *I hoped to be able to impress on him the impropriety of using vulgar language!*"

Is there anything in the by-laws of this institution which can be construed as allowing the Superintendent to do what is expressly forbidden to the attendants? Could it ever have occurred to any man that this Superintendent who boasts of his national reputation would be more wanting in humanity to the patients under his charge than the attendants, "fresh from the cornfield," one of the opposing counsel says? If poor Hervey had violated every criminal law of the land his diseased brain was a sufficient and ample excuse and he would have gone unpunished. But," says the Superintendent, "no insane wretch shall use in my presence vulgar language in regard to my wife, and hope to escape the close embraces of the bed strap. Instead of getting angry with poor Hervey and punishing him for what he could not help the large, tender and sympathetic heart of the great Missom should have swelled with pity at the misfortune of Hervey. He should have tenderly taken him by the hand and said : I will care for you, I will administer to your diseased brain, I will be a physician, a friend and a father to you, I will, by all means known to science, earnestly endeavor to relieve your distress and ere long return you, if possible, to the bosom of your family." And then, when the day's work was over and

he was about to lie down to rest from his weary labors, as he kneeled by his bed in humble supplication to the great and loving God and repeated that prayer which had been taught him in his childhood at his mother's knee—"Forgive us our trespasses as we forgive those who trespass against us," he would not have called up, as by that prayer he now must invoke, the spirits of these poor, unfortunate people to stand between him and his God in his pleadings for heavenly mercy. "Forgive us our trespasses as we forgive those who trespass against us."

These unfortunate people did what they had no power to refrain from. To punish them for their conduct—"to make an impression upon their minds"—I dashed water in their faces. I delivered them to the cruel embraces of the bed strap. I stamped my foot upon their necks. Now, Lord, as I have done to Miss Mary Foy, to Hervey, to Upchurch and to others in my power and keeping, even so, Oh! Lord, do *not* do unto me! In thy mercy deal not out justice to me. I became exceedingly angry; the temptation was greater than I could bear. I beseech thee in thy mercy, not to impress upon me the impropriety of my conduct by putting thy foot upon my neck and dashing me to the floor of the bottomless pit!

The next case which I present for your consideration is that of

#### HENRY CONE.

Mr. D. K. Farrell testifies:

Do you know a man named Cone, a patient? A. I did; his name was Henry Cone.

Do you know anything unusual in the treatment of Henry Cone? If you state all you know about it. A. Well, I think I do, sir; I think it was in August, 1888, it may be September, on one occasion the Superintendent and Mr. Hogan, the chief attendant, came to the ward, this patient was locked in a room, the Superintendent told Hogan to unlock the door, and Hogan walked in and Cone jumped at the Superintendent, and I think struck at him and probably glanced him, and the Superintendent jumped at him, and struck him and threw him down and got on him and choked him; he then asked for a pitcher of water, the servant brought a pitcher of water and the Superintendent poured about a gallon of water in his face and he lay there. It did not seem to arouse him any, and the Superintendent walked out and left him.

Who was there besides the Superintendent? A. The chief attendant, myself and the servant.

How many men did it take to overcome him and get him on the floor? A. I should think it ought not to have required more than one; he was small, but rather stout; the Superintendent threw him down, I think alone; Hogan was here.

What did you see him do when he got him down? A. He choked him severely perhaps for something like a minute.

Was Cone struggling? A. Yes, sir; he went to get up, no one laid hands on him but the Superintendent, who called for a pitcher of water and poured it in his face; I think it was a gallon pitcher; he remarked that he would see if it would stop him from making those attacks on people when they are in the room; he paid no attention to the water and the Superintendent left the room when he was in that condition.

What became of Cone after that? A. Well, he got up after that. I do not know how long he was in an excited condition; no attendant was left in the room with him.

Do you remember whether or not that treatment had any effect upon the disposition of Cone? A. Not at all, sir, that I could see for either better or worse.

#### CROSS-EXAMINED.

Henry Cone was a patient when you first came here? A. Yes, sir.

Do you know how long he had been a patient at the institution? A. I do not, sir.

Do you know that he was here in 1883? A. No, sir.

Was he not a very peculiar patient? Did he not have the habit of jumping at persons? A. I do not know that he jumped at patients particularly, but he could spring upon any one when he was locked in his room.

I ask you if he had not on that very occasion sprung upon the Superintendent? A. I do not know that he had.

Do you know if he made a spring at him when he went in the room that morning? A. Yes, sir.

Did the Superintendent and he get into a struggle? A. Not much of a struggle; the Superintendent got him down and choked him.

Then he called for water and got a pitcher of water and threw it in his face himself? A. Yes, sir.

I do not suppose you have been the superintendent of an asylum? A. No, sir.

Do you not know that throwing water is a manner of treatment? A. No, sir; I do not.

J. A. Norwood testifies:

Did you know Henry Cone? A. Yes, sir.

Do you remember any unusual treatment of this patient by the Superintendent? A. Yes, sir.

When was it? A. In the year 1883, the year I came here.

Tell all the particulars you know about it. A. The Superintendent came into the ward one evening with some visitors, he and the chief attendant, and he turned to go back and right at the dining-room door I looked back and saw the patient, Henry Cone, and him up there in a tussle. I got up there and took hold of the patient myself, and the Superintendent looked like he tried to choke him. He put his hand on his throat and every time he would grab at his throat he would catch the patient by the chin. He told me to take him down to his room and whistled for the servant. I carried the patient in the patient's room, and he said slam him down on the bed, and I laid him on the bed and held his hands, and he got down on his knees on the edge of the bed and choked him with both hands as I was holding him.

Did you have any difficulty in holding patient? A. I held him very easily.

How did he choke him? A. He put both hands around his neck. Then he said let him get up. At first he had no use of himself, he seemed to be as limber as a dish-rag and about half a minute he seemed to make off at Dr. Grissom and he said slam him down again, damn him. About that time the servant came in and held his feet; I had his hands. Dr. Grissom put his foot on his neck and mashed down on him, then he took his foot off and asked if I had any water. I told him I did and he went and got a bucket himself and threw a bucket of water in Cone's face. Then he told me to go out and pull the door to and let him be.

Where did you leave him? A. On the bed.

What was his condition? A. He did not seem to have any use of himself when I left him; Dr. Grissom went out of the ward and in about five minutes turned him out of the ward through the dining-room and he came out of the centre building. Dr. Grissom came back and started through the ward. I was with him in there and got into Cone's room, and I called attention to Dr. Grissom that Cone was in there, and went in and when we raised the patient up he did not seem to have any use of himself then. Then I held him up there and in a very short time he seemed to get better. Then he walked over to the Superintendent and the Superintendent asked him if he thought he was going to fight any more. He looked like he wanted to lay his head on his breast, and did sorter lay his head up there and began to cry and said the lemonade made him drunk, and Dr. Grissom said water made some people drunker than whisky did others. Then Dr. Grissom went on back out of the ward again and Cone went out in the hall and took a seat on the bench.

When he was strapped it was as a punishment? A. I suppose so.

When Cone was punished that was a punishment for fighting, was it? Yes, sir; several have been strapped since I have been here.

Do you remember the names? A. Kennedy and Williams; I do not remember others now.



## CROSS-EXAMINED.

At the time that Henry Cone, as you say, was choked and slammed down on the bed and had a bucket of water thrown in his face by Dr. Grissom, what other persons were present? A. The servant was in there when he dashed the water in his face and saw him put his foot on his neck; the servant had not got to the room when he choked him with his hand.

Did the servant hear him curse him? A. I reckon he did; he was in the room at the time.

Did you say in your direct examination you saw him that same afternoon out in the ward sitting on a bench? A. I said that afterwards when the Superintendent came in he walked off across the hall and sat on a bench.

How long after he was mistreated, as you say, before you saw him sitting on the bench in the ward? A. Ten or twelve minutes.

Were there any bruises? A. No bruises.

Did he require medical treatment or receive medical treatment for the injuries inflicted upon him by Dr. Grissom? A. No, sir.

Do you know that Henry Cone is in the habit of suddenly springing upon visitors, attendants and others that come near him? A. I have known it to be the case several times.

Do you know that upon this occasion he sprang upon Dr. Grissom suddenly? A. I suppose so; they were together when I saw them.

Do you not know that he is on the average above the ordinary strength, and when he gets in a paroxysm is he not a very strong man? A. I think he is a very strong man according to his size.

## Dr. Grissom testifies:

"Henry Cone was admitted here Nov. 19, 1883. He was a peculiar patient; had the habit of jumping on and choking people; made assaults of that kind on me several times. On one occasion he jumped on me very suddenly. I took hold of him as he jumped at me with both hands, one on each side of his neck, taking him in that position for the purpose of checking him. On occasions of attack his face would become suffused and his eyes red with congestion. I found the easiest way to subdue him was to take him on each side of the neck with both hands. He was in the habit, when quieted in that way, of signing a sort of collapse, and generally seemed to be in a sudden good humor. On the occasion alluded to, I suppose, he seemed rather persistently violent, and I either threw him or directed him to be thrown on the floor. He continued his struggle, and I ordered some water and threw it in his face with a view to making a deep mental impression upon him, that other restraints seemed not to have, and with no view of punishment or torture. He then resumed his collapsed condition, and seemed entirely submissive. I left and soon saw him sitting out in the reception room quite as well as when in his excited intervals. There was not a scar upon him and he was not hurt physi-



cally. He is now much improved. The sudden attacks have almost ceased and he frequently assists the servant in cleaning up the room and ward. I think, in some cases, insane persons can resort to tricks to deceive people. Insanity is not a destruction of the mind, but a disease of the mind. It is no more a death of the mind than sickness is a death of the body."

"In my long experience in handling patients safety suggested a pressure upon the arteries leading to the brain to prevent a rush of blood, and in consequence I was in the habit of taking patients by the neck, with one hand on each side of it.

"With a view to making a deep mental impression"!

The same old subterfuge! When Dr. Grissom punishes an insane man he calls it "making a mental impression" and when he punishes him severely he calls it "making a *deep* mental impression."

In this case there are two witnesses, Mr. Farrell, who resigned "because he didn't like the business," and Mr. Norwood, who is still an attendant here. Neither of these witnesses has been impeached in any way, and no evidence has been offered to show that they are unworthy of belief, and therefore their evidence is before you as worthy of credit. Now, gentlemen, I ask you, two men should get to fighting out on the court green, and a third man should hold one of these two and one of the combatants should choke the other thus being held, wouldn't he be denounced as a coward by all honorable men?

Dr. Grissom says to this poor insane man, Cone, I don't want to hurt you, old fellow; I have no idea of punishing you, but am going to make an impression on your poor, deluded mind, I have to choke you right unto death.

"In my long experience in handling patients safety suggested a pressure upon the arteries leading to the brain to prevent a rush of blood, and in consequence I was in the habit of taking patients by the neck, with one hand on each side of it."

Was *in the habit* of doing it! But he simply put his hands on the sides of the neck in order to prevent a rush of blood to the brain!—that was his sole purpose! and who shall dispute his declaration? For he is a great and wonderful man, giving light as it were to all the medical world! We know he is great

for his counsel have told us so ! But all the brains of this earth do not rest in that great head and we ourselves have some little sense. We know that the carotid arteries, leading from the heart along the neck to the brain, are protected by and lie immediately under the strong muscles of the neck ; and that no such gentle pressure as that described by Dr. Grissom could stop the rush of blood along these arteries. And we also know that to control the amount of blood going to the brain the pressure must be upon the arteries alone, and not upon the veins. To accomplish this purpose it is necessary to make precise and definite pressure with the end of the thumb, or some equivalent, and also that the patient shall be quiet—or at least not struggling. If you grasp a struggling patient “on each side of the neck with both hands” you may indeed accomplish “pressure upon the arteries,” if you use sufficient force, but you make at the same time a greater pressure upon the veins, which convey the blood from the brain ; and thereby you prevent the outflow of the brain’s blood, and dam it up, as it were, in the brain. Indeed, the effect is closely analogous to the congested condition of a finger with a string tied around it: the blood goes in by the arteries, but cannot get out through the veins, because the veins are more compressed than the arteries are. This, therefore, would produce a worse condition than no pressure at all. This is the most absurd and ridiculous story we have yet heard ! I call upon the counsel on the other side, when they come to reply to me, to tell us what alienist, even amongst those who are the most enthusiastic advocates of mechanical restraint, has ever said that it was proper under any circumstances, except in cases of necessary self-defence, to choke a patient. But it seems that this great authority—this wonderful man overloaded, as it were, with regalias, insignia and all sorts of honors, civil, military, medical, masonic and church—has set himself up as greater and more learned than all other men, and in this enlightened age oracularly declares that in order to make a deep mental impression upon an insane man it is proper to choke him until his breath has almost gone, and then,

to make the mental impression still deeper, dash a bucket of water in his face! And it is no wonder that after such treatment poor Henry Cone "was in a collapsed condition." The by-laws direct that the patients shall never be pushed, collared nor rudely handled, and that violent hands shall never be laid upon patients under any provocation, and yet we find that the Superintendent of this institution, without necessity and without cause, as a punishment for what a patient had done, chokes him and dashes water in his face until, as the Superintendent himself says, he was in a collapsed condition. If you can find Dr. Grissom innocent of this charge, by all means do so; but in order to do so you must find that the three witnesses, Farrel Norwood and Grissom himself, have committed perjury!

Would you like for one who is dear to you, who should by chance be so unfortunate as to be placed as a patient in this institution, to be treated in this way? If you would, acquit Dr. Grissom.

I will now ask you to consider the case of

MRS. LOWTHER.

Mrs. B. C. Jones for the defence testifies:

Were you ever connected with this institution? A. Yes, sir.

How long were you here? A. Not quite eighteen years.

What position did you hold here? A. Well, when I first came I was extra attendant, for the first few years filling the places of those attendants who were away or off duty and I then was made chief attendant after about four years in the female ward.

Did your business as chief attendant bring you in company often when was waiting upon the patients? A. Very frequently.

Do you know about the restraint that was used here in the institution? Yes, sir.

When was the restraint by strapping the patient to the bed used? A. In a great many cases.

Under what circumstances? A. When they were violent or when they were injurious to themselves or other people or each other.

When the patient was restrained to the bed what were the directions of the Superintendent in respect to resting the patients? A. They were to be taken up and rested at least two or three times a day.

Did you ever know of any one to be restrained without being rested? A. I have known some few who would not be taken up.

Do you remember those cases? A. There used to be a Mrs. Styles that used to be restrained and she was so violent at times she would not permit any one to take her up.

Do you know of any improvement resulting from this treatment of restraint on the patients? A. Yes, sir; I think I have known it was beneficial. They recovered rapidly afterwards, some did.

You were the attendant who restrained Mrs. Lowther under the directions of Dr. Grissom, are you? A. Yes, sir.

Do you remember the circumstances under which she was restrained? A. I do not know that I remember every part of it, but it was to *learn her to control herself some way*, to LEARN OBEDIENCE.

What was her condition in respect to her insanity? A. She was very excitable, if you wished her to do anything that was necessary and she did not want to do it, she would spit upon you and kick you; she would not take a bath or would not go in and eat.

Do you remember the time she was restrained (we come to the time of her restraint before her death), how long she was restrained and all about it, if she was taken up and rested? A. *She was restrained as much as two days*, and as usual rested as the usual patients.

How often? A. As much as twice a day.

Did you see her after she was released? A. Yes, sir.

Did she go in her room and take her bath? A. She took her bath in her room.

What was her condition afterwards? A. Just as it was before, as far I have observed.

How long did she live? A. She did not live more than two or three hours, I do not know; I could not exactly tell the time.

Was there any evidence of any injury by restraint? A. None in the world.

Was the restraint in her case as usual? A. Yes, sir.

#### CROSS-EXAMINED.

Understand you to say that Mrs. Lowther was strapped as long as two days? A. Yes, sir.

How long was it after the release, the last time, before she died? A. I guess it was two or three hours; I am not exactly certain about it.

What was Mrs. Lowther strapped for? A. I do not remember the very thing she was strapped for.

Ask you if she was not restrained on Thursday and did not remain restrained on Friday evening? A. She was released on Saturday. I do not remember the day she was restrained.

Was she not kept there Friday night, and were not the orders not to release her until she would agree to bathe? A. I do not remember that.

Do you say that Mrs. Lowther was or was not a violent patient? A. I said she was violent and excitable sometimes.

W. Thompson, recalled by the prosecution, testifies:



Do you know when Mrs. Lowther was a patient in the institution? A. March, 1885.

Do you know the contents of the report in regard to her being strapped? I recollect a portion of them very distinctly.

State what that was. A. I recollect reading the report that she was strapped to her bed either for spitting at the Superintendent or for cursing him.

How long was she strapped? A. For as much as two days; I remember seeing it two nights. I recollect distinctly that Mrs. Lowther was released and died.

What time of day was she released? A. I cannot recall exactly. She died in the afternoon.

She was strapped to the bed two days for spitting at the Superintendent she remained for two days, and on the same day she was released she died? Yes, sir.

### Question by Dr. Foote:

I wish to know whether the witness intended to convey the idea that she continuously strapped to bed? A. I do not recollect that the report stated she was released during that time.

How old was Mrs. Lowther? A. She was more than fifty years old.

### CROSS-EXAMINED.

This old Mrs. Lowther was strapped to the bed? A. That is what the report said.

As to this you have no personal knowledge? A. No, sir; it was what the report said. I recollect I read it before the officers of the institution.

Is it the duty of the attendants to report all discipline of the patients to the officers? A. They do; that is their duty. These reports were received by me as matron received them from the female department and the steward from the male department, and there was a stated time for reading them.

Who were the attendants when Mrs. Lowther was strapped? A. I do not know, sir.

Who was her attendant, Mrs. B. C. Jones? A. I am not positive.

Is she an employee of the institution now? A. No, sir; she has been here more than a year; the last time I heard of her she lived at or near Raleigh.

Don't you know she was a citizen of Granville county? A. I do not.

Who was the night attendant? A. I do not recollect, sir.

Who made the report about the strapping? A. The attendant of the ward; I do not remember the name.

State, if you please, why it is that you can remember the substance of the report and cannot remember the name of the attendant making the report? A. As to the night attendants, I rarely ever see night attendants. Sometimes I do not know who is night attendant of the female department. My impression is that she was Miss Mattie Toler, of Fayetteville. She has married since and is now Mrs. R. Smith.

You read all the report yourself? A. I did.

When did you say that this strapping of Mrs. Lowther took place? A. I refreshed my memory where I keep the number of graves and date of deaths buried her. She died March 14th, 1885.



do you remember the fact that she got up and washed her face and attended her business and duties and died about two hours afterwards? A. I do not remember the report stating that, but understood that she died soon after she got not immediately.

Did you understand that she died of heart disease? A. No, sir. There was no case assigned in the report.

Who, at the time, kept the book and cause of death of patients? A. I do not know who keeps it now, I do not know.

Mrs. Watson testifies :

Did you know Mrs. Lowther? A. Yes, sir; I had charge of her a short time. I was here when she died.

Did you see her when she was restrained? A. I passed through the ward at the time.

What was the character of her insanity and what was her conduct? A. She was very unpleasant; she would throw things about, and spit in one's face; she would give the patients a shove to get them out of the way, and would hurt them sometimes. She was a very excitable patient at times; she would use bad language, it was necessary to restrain her at times, to restrain her for the purpose of keeping her and to control her. She would throw anything in your face she could get hold of, and she would do anything she could to hurt the feelings of anyone.

Dr. Grissom testifies :

Mrs. Lowther came here in June, 1881, and died in March, 1885. She had manic mania and delusions. She would not allow herself to be controlled. In everything she had to be managed by force and would fight the attendants. I confined her to the bedstead with the view of trying to impress her with the improbability of her conduct. She was restrained one night till the next morning and was freed frequently. The next morning she took her meals in her room, seemed as well as usual and died in about two hours. She was restrained only that night. I do not think the restraint had anything to do with her death."

It may not be improper for me to say that Mrs. Lowther was the wife of a most excellent physician of one of the eastern States of the State; that she herself was of excellent family, and her childhood had been accustomed to the refinement and culture of the best society, and, until she became insane and was brought to this Asylum for treatment, had been surrounded by all the comforts and luxuries that wealth affords. When the light of her who was dearer to him than all the world besides faded into that dark and awful shadow of insanity there was at least some comfort to her husband's bleeding heart in the

thought that in this institution of noble charity, in the hands of this Superintendent of so much learning and experience, she would be tenderly cared for and, if possible, gently and lovingly led out of that terrible shadow into the bright and blessed light of health and reason.

Remember that all these witnesses—Mrs. Jones, Mr. Thompson and Mrs. Watson—swear that she was strapped *two days*. Dr. Grissom testifies that “she was restrained one night in the view of trying to *impress her with the impropriety of her conduct.*” Mr. Thompson says the daily reports showed that she was strapped to the bedstead either for spitting at the Superintendent or for cursing him. Mrs. Jones says she would not bathe or go to the table and eat and she was strapped to the table for her obedience. So that whether you believe the evidence of all the witnesses or only that of either one of them you must conclude that this insane lady was strapped as a punishment for something she had done, or had refused to do, and concerning which she had no power to control herself.

I imagine the truth to be that Mrs. Lowther, a poor, old, insane woman—fifty odd years old—refused to go to the bath-room when ordered, and insisted on bathing in her own private room. To make her obey orders—“to teach her obedience”—as Mrs. Watson, a witness for the defence, says, she was delivered over to the cruel embraces of that terrible machine of torture, the strap. One of Dr. Grissom’s witnesses dwelt upon the fine discipline with which this institution was managed. He said that he had been at various institutions of this kind and that at none of them did he observe such strict and excellent discipline as he found here. Poor old Mrs. Lowther, far away from the protection of home and kinsmen, turned over to the tender mercies of a great philanthropist, simply because she was a little stubborn—was tortured—yes, tortured to death! Why were not kind attendants placed around her? Why did they not humor the notions of this poor, old, insane lady? Why did they not treat her with kindness and gentleness? Why did they not take her out on her and let her bathe in the privacy of her own room,

ing so it would give to her one minute's comfort, or ameliorate  
iota her unhappy and wretched condition? Ah! That  
ld not be done! That would interfere with the discipline of  
institution! I, the Czar, must be obeyed! Discipline  
t be maintained at whatever cost or misery.

Under the laws of this Asylum whenever a patient dies there  
t be kept not only a record of the death but of its cause.  
Lowther died on the 14th of March, 1885.

In the report of the Superintendent for the year 1885, which  
ow hold in my hand, I find that opposite the name of every  
ent who has died at this Asylum during the period covered  
his report the cause of death is printed, except that of the  
who died on the 14th March, 1885. The counsel on the  
r side would have you believe that she died of heart disease.  
his be true, why is it not so written in the records? If it be  
that when she died no cause of death was known, it was  
o the good name of this institution, it was due to the Super-  
ndent himself, to have had an autopsy so as to ascertain with  
inty the cause of death! Thank the Lord for the hour  
she died! Thank the Lord for snatching this unfor-  
e, wretched old lady from the merciless embraces of the  
trap, and taking her to that happy land where insan-  
nsane asylums and tender-hearted, philanthropic superin-  
tents are unknown.

Gentlemen, I do not know how these things affect you; but  
fess that when I reflect upon such scenes my blood rushes  
the arteries of my body and back again to my heart until  
ens that I can endure it no longer.

They have called upon a large number of witnesses to testify  
t the character of Dr. Grissom. They have called upon  
ters of the gospel to show how he behaves on Sundays.  
e have called upon gentlemen who were directors of this  
ition twenty years ago to prove that, so far as they knew,  
ig the term of their offices, there was no cruelty here.  
all upon Mrs. Lowther's spirit! When one "shuffles off  
ortal coil" and the spirit takes its departure, it may fly to

worlds above and be forgetful and unconscious of its form home, or it may, unseen by us, observe and take an interest in the affairs of earth, but I feel that the spirit of Mrs. Lowther is before you. I feel that she now stands by me and inspires me with words of denunciation of the man under whose orders she was tortured to death.

The testimony of Mr. Guthrie was exceedingly interesting to me. I don't know when anything has impressed me more. He told us how, when he was insane, his imagination ran wild, how even when delusions and hallucinations in countless numbers took possession of his brain he was keenly sensitive to what was said and done in his presence, how at times the spirit of stubbornness overcame him, how all these things were indelibly impressed upon his memory, and how, even now, he remembered with great vividness everything that occurred during the period of his insanity, I could not help thinking of poor Mrs. Lowther.

Different persons have different ideas as to what is hell, some believing that it is one thing, some another, the old-fashioned notion being, I believe, that it was a place of fire and brimstone presided over by the Devil, who passed around with his long tail and his forked stick, stirring up the spirits and the fire, the modern idea being that it is a place where wicked and undisciplined souls suffer from remorse, their agonies being so great as to be compared to the pains of fire and brimstone. I could not say that up to the time of this trial my ideas of this place of torment were uncertain, vague and misty, and I could not imagine what it was. But now, with pencil and paper, I can, in a few minutes, picture to you this place of torment. Here it is! Behold Mrs. Lowther, tied hand and foot, limbs and body, strapped on her back! See the agonized expression of her countenance! Here she has been for two long days and nights unable to move! Poor old Mrs. Lowther! Wretched and unfortunate! Her mind a wreck! As the bright sun for a moment shows through the dark and lowering clouds, so, perhaps, comes into her mind the recollection of that sweet old home where a long



she had spent such happy days and where she was accused to bathe in her own private room, and being so impressed with this dim recollection of the past refused to go to the public bath-room. Instead of having her fancy humored, she is rudely rebuffed, cruelly treated, tortured to death. If this be not hell, that place is more terrible than the mind of man can imagine.

It is almost enough to make us doubt the existence of a just and merciful God that such things are permitted.

As I have said before, I do not beg you to convict Dr. Grissom of this charge. Acquit him if you can! If Mrs. Lowell's spirit could speak to you she would also say, "Acquit him if you can!" But, gentlemen, when you have done so, as you go out, inscribe in letters of blood over the great doors of this asylum, "Who enters here leaves hope behind."

Dr. Grissom shall go unpunished for his treatment of Mrs. Smith. If, by acquitting him of this charge, you endorse and approve such treatment, and then I should be so unfortunate as to become insane, I pray that some kind friend may take pity on me and put an end to my existence. Rather let me go without warning and without preparation, to answer for the deeds of my body, trusting to the mercy of a great and good God, to bear for even a few short days the punishments and the torments of this Asylum.

The next case is that of

J. D. L. SMITH.

William C. Bevers testifies:

Q. You ever have employment at this institution? A. I did.

Q. You know a patient by the name of J. D. L. Smith? A. Yes, sir.

Q. You remember anything as to his treatment? A. I remember him being taken to the bedstead.

Q. When? A. During the year 1886; I do not remember the month.

Q. What was the cause of his being strapped? A. For trying to get out or for trying to break a guard off window; the attendant reported him to me and I took him to the Superintendent, and he ordered me to strap him.

Q. Where was there any bedding on the wall of that room? A. No, sir; only mattress for Smith; no bedding on wall or on floor.

Q. Was any one kept in that room but Smith? A. No, sir.



Superintendent ordered you to strap him? Yes, sir.

And you did so? A. Yes, sir.

Who was present? A. Three attendants and myself.

Did Dr. Grissom come in while it was being done? A. Yes, sir.

What did he do? A. He asked Smith what was that he said when he came in.

What answer? A. I do not think he gave any answer at all.

What was it he said? A. He made a remark about him and the matron just as he was entering the door.

What did Dr. Grissom do? A. He walked up in front of Smith and said, "away; I have a great mind to kick his guts out," and raised his foot, but did not strike him; he said he had a mind to kick him, that he ought to have been in the penitentiary, ought never to have been brought here; that if he had justice done he would have been hung.

How long did he remain? A. He remained some four or six hours; he was strapped in the afternoon and released at nine.

Then what became of Smith? A. He was put back in the strong room where he came from.

Do you remember noticing another time Smith was strapped? A. Yes, sir.

What was the cause of that? State all the things you know about it. A. I sent the Superintendent an insulting note by me.

What did the Doctor do or say when he looked at it? A. He looked at it, and put it in the waste basket and said strap him.

Did you strap him? A. I did.

How long did he remain that way? I do not remember; a few hours.

#### CROSS-EXAMINED.

What sort of a patient was Smith? A. A very troublesome patient; his influence was bad on the patients.

Do you know he was sent here for trying to burn a bridge? A. I heard so.

Has there been a patient here that has been more troublesome and whose influence was worse than Smith's? A. No, sir.

Has he ever been subjected to restraint of any sort that was not necessary wholesome restraint (objection); question withdrawn.

The strong room you speak of was fitted for Mr. Smith? A. Yes, sir.

The mattress that was put in the room extended up the sides? A. The mattress was padded and extended about twelve feet up the sides.

Would it not have been dangerous for an attendant to have stayed in that room with him? A. Yes, sir.

This mattress was on the floor; a comfortable mattress and bed clothing? Yes, sir.

He was quite a mechanic for making keys? A. Yes, sir.

How many times has he escaped from the institution? A. Once during his stay.

Did you hear of another escape? A. Yes, sir.

What was it when Dr. Grissom came in; was it as vulgar and filthy as commonly used? A. He was abusive, but not so vulgar as I have heard him.

Was not the note he sent as vulgar and abusive as you ever saw? A. I think it was.

Do you know when Dr. Grissom came up here and raised his foot at him that he thought that Smith's language was the teaching of Dr. Rogers and Mr. Thompson? A. I do not, sir; I have no right to think what he thinks. I cannot read a man's thoughts.

Did Dr. Grissom tell him that he thought that language was the teaching of Dr. Rogers and Mr. Thompson? A. No, sir; he did not.

Smith, while here as an insane person, has plenty of sense to know right from wrong? A. I think he has.

#### RE-DIRECT.

Are you an expert? A. No, sir. I think he has the sense, but can't control it.

Mr. D. K. Farrell testifies:

Do you know a patient named J. D. L. Smith? A. I do.

Do you know of any unusual treatment of him by the Superintendent? A. He had him strapped to the bedstead twice; I think the first time about the latter part of September, 1886.

What were the circumstances connected with it? A. Well, Smith was in the strong room built for bad patients; he was supposed to try to break out of the institution; he was locked in that room alone; by some means he got hold of a piece of iron and made a key and unlocked the door and it was reported to the Superintendent by the chief attendant, I think about 3 o'clock in the evening, or maybe four. Pretty soon I received word to help strap Smith to the bed, and I did strap him. I think the Superintendent came in before we were quite finished. We kept him there from that evening about 5 o'clock until next morning, about 8 o'clock. I gave him his meals, supper and breakfast. I think he got once to attend to the calls of nature about 9 o'clock that night; he was then strapped again after being released a short while.

What effect did the strapping have on Smith? A. I think it made him meaner; nothing did; I cannot say it was the strapping, but something did; he got meaner.

Why was he strapped? A. Because he tried to break out of the strong room. The treatment made him meaner, I think.

You spoke of another time when Smith was strapped. A. I do not remember; the time in 1887.

Will you tell the circumstances about the strapping? A. It was because he sent a vulgar and insulting note to the Superintendent by Mr. Bevers, who was acting as chief attendant at the time. I cannot remember how long he was strapped by the Superintendent to the bed; he was ordered to be strapped by the Superintendent; he was strapped pretty tightly. I cannot remember what time it was; I think he was released some time about 9 o'clock that night.

Was there an attendant in the strong room with him? A. No, sir.

How long did he stay in the strong room? A. He stayed there all the time as they took him out to strap him to the bedstead; there was no bedstead in the strong room; there was a mattress; I left him there when I resigned.

Do you know what effect this treatment of Smith had upon his mind? A. I cannot say about that, but he got worse daily, but I do not know what it did.

## CROSS-EXAMINED.

I ask you if you do not know that J. D. L. Smith in the Asylum is criminally insane? A. No, sir.

Do you know that he was sent here for burning a bridge over Cape Fear River? A. No, sir.

Do you know that he is a mechanic and can make most anything? A. Yes, sir.

You say he was in the strong room: is that not a padded room all over the floor and extending up the sides of the walls? A. No, sir; not when I was there.

Do you not know that J. D. L. Smith is a vigorous young man? A. He looks so.

Do you know that he broke out and had to be arrested in Fayetteville and brought back? A. No, sir; he escaped from the institution and had to be brought back.

Do you not know that on another occasion he was arrested by a party of negroes about nine miles and a half from here and brought back? A. I know he escaped and was brought back.

Don't you know that nothing can be kept in the strong room? A. Yes, sir, nothing of which weapons can be made.

## Mr. G. A. Poole testifies:

Do you remember a patient named J. D. L. Smith? do you remember any unusual treatment of him? A. Nothing but being strapped to the bed.

What was he strapped for, and how long did he remain? A. He was strapped for unlocking a window; he was released about 10 o'clock; he was strapped as punishment; he was reported and strapped.

Was he strapped loosely or tightly? A. Rather tightly; he complained as the straps were loosened after a while. (Witness shows how the strap works). The patient was strapped to the bed on his back; could move his head a little, but could not raise his shoulders.

What arrangements were made by which he could be released for purposes of nature? A. They generally made arrangements for that; unless arrangements were made he would relieve himself on the bed.

He was strapped for what purpose? A. For opening one of the guards of the window in his cell, and while the carpenters were working on the room he was getting out the window, and I reported it to Dr. Grissom and he ordered him be strapped; he remained from 3 or 4 o'clock until the next morning about 10.

Do you remember that he was strapped another time? A. On the evening of the day he was released he was again strapped that evening and remained from 5 o'clock in the evening until 8.30 when we put him in the strong room to sleep.

What was in the strong room? A. Nothing but bedding and spittoons.

What did the bedding consist of? A. Mattresses, sheets and pillows.

What effect did that have upon the patient Smith? A. I do not know that I noticed any change in him.

## CROSS-EXAMINED.

He was not violent, you say? A. I did not consider him so.

You do not call a man violent who often strikes other patients and attendants? How long were you here? A. Only about three months.

You were hardly here long enough to enable you to conduct an institution and tell whether punishment and restraint were necessary, were you? No, sir; I think not.

I think I ask your opinion as to whether the restraint was beneficial to Smith; were you here long enough to tell whether the restraint was so or not? A. I saw no change and left shortly after that.

J. A. Tucker testifies :

Do you know J. D. L. Smith? A. Yes, sir.

Did you ever see him strapped? A. Yes, sir.

What for? A. I have seen him strapped several times for different things. I know he was strapped once for trying to bite a piece out of his arm. He was standing in his room quiet just before he was strapped.

Another time, what was he strapped for? A. I do not remember. It was always as a punishment for something he had done, and sometimes to prevent him from doing something.

What something was he prevented from doing? A. I don't remember. He has threatened to do things and been strapped to prevent him from doing them.

Do you know of patients being put in the stroug room? A. Yes, sir.

Who were they? A. I have knowu Smith, Wortham and numbers of others I cannot call names of.

What were they put in seclusion for? A. Sometimes for one thing, sometimes as a punishment for what they had already done, and sometimes they were too much excited to be with other patients.

#### CROSS-EXAMINED.

Have not Lan. Smith and Zeb. Williams sense enough<sup>7</sup> to be subjects of discipline? did they have sense enough to know what they were strapped for? A. I think so.

W. J. Crutchfield testifies :

Did you ever see J. D. L. Smith strapped? A. Yes, sir.

How many times? A. I do not remember.

What was it for? A. Sometimes for one thing, and sometimes for auother. At one time it was said he had matches and would not give them up; they said it was for this. I do not know what it was for.

J. A. Norwood testifies :

What is your business? A. Attendant of this Asylum.

Do you know a patient uamed J. D. L. Smith? A. I do.

Do you know anything unusual of his treatment? A. Yes, sir; he was strapped to the bed once and I helped.

When was that? A. March of this year.

Under whose orders? A. Dr. Grissom's.

For what was he strapped to the bed? A. For taking screws out of the window in his room.



State all the circumstances connected with it. A. Bevers and I were putting cuffs on; he asked how Dr. Grissom looked when he reported it to him, and Bevers said he did not know how he looked, and patient said he looked like he had just \* \* \* \* and Dr. Grissom walked in and said, "What is that you said? I will kick his guts out of him." He said he was a great mind to kick him under the chin and break his neck, that he was the meanest man that ever came here, and that he never ought to have been here; he ought to have been in the penitentiary, and if justice had been done him he would have been hanged.

Do you know why the Superintendent ordered him to be strapped? A. Because he took the screws out of the window and unlocked the window guard.

After Smith had taken the screws out could he have gotten out? A. I do not think he could have gotten out until judgment without something more than he had in there; there were two new, heavy sets of bars.

What effect did this strapping have on Smith? A. No good effect, that I know of.

How long was Smith kept in strap? A. He was strapped that evening and removed that night to another room.

Where is Smith now? A. He is in the fourth ward, first floor.

Is he confined in that close room? A. He sleeps in there at night, but is not locked in there at day.

Is he allowed any exercise? A. He walks out doors with other patients. He has been strapped several other times since I have been here.

Do you know the cause for which he was strapped? A. I think the last time he was strapped was for biting a piece out of his own arm.

What were the other causes—do you remember? A. I do not recollect exactly now.

Could he have been prevented from biting a piece out of his arm by giving him one or two attendants? A. Yes, sir; very easily, I think. I think one could have attended to him very easily.

Could he be prevented from interfering with the screws of the window, etc., by the personal attention of an attendant? A. I think he could.

Is he a violent man? A. Well, he is; I do not think so very violent. He talks big.

How does he act? A. He fights sometimes. He has struck one or two patients since I have been here. He would just strike them and go on.

Did he have any attendant with him? A. No, sir.

Was he strapped for striking? A. No, sir.

What was done with him? A. He was locked up alone in a room.

Does he ever have attendants? A. He has never had one since I have been here that I know of.

I suppose this strapping etc., has changed Smith's disposition? A. I do not see any change in him.

How many times did you say you had seen him strapped? A. He has been strapped several times since I have been here. I do not remember how many. I have been here a little over two years.

To what extent is Smith confined in that room? A. He was locked in there when I came here, and he was in there several months afterwards; they told me he had been in there some time.



How was he fed? A. By the attendant, which was generally handed to him through the trap-door; two attendants had to go to him.

Did you ever go into his room alone? A. Yes, sir.

Did he offer you any violence? A. No, sir.

#### CROSS-EXAMINED.

Was not Lan. Smith in the institution as a criminally insane person? A. I have been told so.

Did he not once break out the bars, and get out, and go to Fayetteville? A. I have heard he did.

Did he not again escape and was re-taken by Mr. Thompson? A. I heard so; that took place before I came here.

Has he not made false keys and unlocked doors? A. I have never seen him unlock a door. I have seen him have false keys.

Do you know that recently he cut his arm with a piece of tin and threatened to bleed himself to death? A. I know he cut his arm once.

Do you know that another time he had another piece of tin on him? A. No, sir.

Do you know that he is in the habit of striking patients and then denying it? A. He has struck them once or twice, but I always saw him.

Do you know of his bruising the patients on the fifth ward? A. I have heard that he did, but I was not in that ward.

Do you know that once he had a special attendant? A. Not since I have been here.

Do you know that his special attendant was so annoyed and worried that he threatened to leave the institution? A. If that took place it was before I came.

Did not Dr. Grissom give the order for him to be bound because he was breaking, or attempting to break out; and before he went in the room, when you say he threatened to kick him? A. They told me he gave orders for taking out screws and breaking locks.

Were not those orders being carried out at the time Dr. Grissom came in? A. Yes, sir.

Do you know that Lan. Smith is in a much better condition than he was at the time he came to the institution? A. I do not see any difference in him.

Did you not say in your direct examination that when you came to the institution two attendants were required to be with him, and that now he can exercise with other patients? A. When I first came here it was the rule that not less than two attendants were to go in his room at once, in the strong room. Yes, sir; he goes out with the other patients with the ordinary attendants.

These witnesses, against whose characters there has not been a whisper, are entirely disinterested and are in every way worthy of full credit. Then comes Dr. Grissom—deeply, intensely interested—with all that he holds most dear dependent upon the issue. He testifies as follows:

"J. D. L. Smith was admitted here from Cumberland, Jan. 1st, 1889, as criminally insane, having been tried for an attempt to burn a bridge near Fayetteville. His insanity is peculiar—what some alienists would call a moral insanity—that is, more a disease of the emotions than the intellect. He was the most persistently mischievous and demoralizing patient ever here since I have been here. He has been frequently spoken of by Mr. Thompson and others as the worst man they ever knew. He was in the habit of making false keys of wire and unlocking the ward doors. He once escaped and went to Fayetteville. He was brought back, but escaped again and was captured in the city of Raleigh. His delight seemed to be to annoy as much as possible everybody connected with the institution. He had to be secluded except when let out for recreation. He frequently sent me vulgar and insulting notes. On one such occasion I directed him to be restrained to the bedstead to prevent the effect of his demoralizing conduct in the wards on other patients. He was an epileptic patient, having these attacks at long intervals. He frequently had what the attendants and myself thought were feigned attacks of the epilepsy, and on such occasions would bruise his feet against the wall. We had made for him a mattress covering the whole floor of his room and extending up the walls of the room for several feet. His restraints were always of short duration, because I restrain epileptics for only a short time with orders to watch them while under restraint. He had a habit of concealing about his bed pieces of wire and matches. Afterwards I tried a different treatment by allowing him larger liberties; but not being satisfied with this, and having been refused a request to go out at large, he recommenced making false keys, etc. I directed him to be secluded. It was soon reported that he had cut his arm and threatened to bleed himself to death. I then ordered him to be restrained. On passing his room I heard him talking in a most vulgar manner, connecting my name with a lady's. This I thought was the result of the wide insubordination in the wards. The allusion was infamously false. I was powerfully overcome with anger. I raised my foot and said, 'You are a bad man. I have a notion to kick you. If you had justice done you, you would be in the penitentiary.' This was but an echo of what I always thought and think now. I did not kick him or touch him. He was restrained for only a short time. Since then he has behaved better than he ever has since he has been here, and enjoys larger liberties than ever, attending the dances, chapel services, etc. I have conversed with him about these restraints and think their effect has been to improve him, and think he appreciates it."

"He frequently sent me vulgar and insulting notes. On one such occasion I directed him to be restrained to the bedstead to prevent the effect of his demoralizing conduct in the wards on other patients."

Tell me, gentlemen of counsel for Dr. Grissom, if you can, by what medical authority, in what asylum, has any insane man been strapped to the bedstead, delivered to the close embraces of this cruel instrument of torture called the bed strap, because he had written an insulting note to the superintendent. If a sane

man should write you an insulting note, swift and just would come the punishment, but if his mind was diseased, if the hand of God was upon him, and his words and acts were beyond his control, it would be cruel and cowardly to inflict upon him any punishment. But, says Dr. Grissom, he was "criminally insane, having been tried for an attempt to burn a bridge near Fayetteville." Over the court-house of Cumberland county stands a statue of stern, blind Justice. In that court-house, where cold justice is administered and mercy is unknown, this man had been pronounced irresponsible for his act on account of his insanity. The State says that she cannot punish a man who is insane. Instead of sending him to the penitentiary for what under other circumstances would be a crime, she holds out to him the loving hand of pity. She sends him to this institution of charity in order that he may have gentle, soft-handed attendants to soothe and nurse him, and eminent physicians to cure him of his diseased mind. Yet we find that this man who, his counsel say, is so wise, so philanthropic, and so humane as to have won a national reputation, causes this insane man to be trapped and severely punished for writing him an insulting note.

"I directed him to be restrained to the bedstead to prevent the effect of his demoralizing conduct in the wards on other patients."

Why did not the State, when he burned that bridge, send him to the penitentiary to prevent the effect of his demoralizing conduct on his fellow-citizens? The State did not punish him for so serious an offence as burning a bridge; but this great, good man, this distinguished, big-hearted physician, ties him flat on his back because he wrote to him an insulting note.

When Dr. Grissom read that great pamphlet on mechanical restraint to the St. Louis convention, did he tell of this? And if he had done so, do you believe he would have received any honors from that convention? No, indeed; he said nothing about it.

Let me read to you the closing paragraph of that pamphlet. He writes like an angel:

"For ourselves, my brethren, we stand or fall not upon the opinion of others, but upon the performance of a sacred duty not in blind adherence to any theory. Let us see, above all things, we use and do not abuse any means of treatment God has placed in our hands for the protection of his stricken creatures, and we may fear not when they and we come to a final judgment before the Eye that seeth all hearts."

How would it have appeared to that convention if above this had been written, "On one such occasion I directed him to be restrained to the bedstead"? Can you conceive of an indescribably good God putting into the hands of this man that cruel bed strap to use as a means of punishment on a poor insane man in his keeping for what he could not help? If any mind not of earth invented this machine of torture, it must have been that of the arch fiend himself! Where is the man with one spark of bravery in his heart who would thus have taken advantage of even a *sane* man in his power?

On another occasion when Smith was being restrained to prevent his cutting himself, says Dr. Grissom, "On passing his room I heard him talking in a most vulgar manner, connecting my name with a lady's; the allusion was infamously false. I was powerfully overcome with anger. I raised my foot and said 'You are bad man; I have a notion to kick you! If you had justice done you would be in the penitentiary!'"

Out of his own mouth is he convicted! Cast aside if you like the evidence of all these other witnesses who have testified to this matter, and upon the testimony of Dr. Grissom himself you must find him guilty of this charge. There's your philanthropist, without whom this Asylum could not exist, as we are told by the counsel of Dr. Grissom. An attendant, a man who does not pretend to be a great philanthropist and who has a national reputation, and who, as counsel say, is "fresh from the cornfield," must never lay violent hands on a patient. No when the Superintendent sets this example I dare to say, in spite of the testimony of his counsel, that he should be turned out and sent away from this Asylum in disgrace.



The last case to which I shall call your attention is that of

W. P. UPCHURCH.

T. J. Harris testifies :

Were you ever employed at this Asylum ? A. Yes, sir.

What was your business here ? A. I was an attendant.

Do you know a man named Upchurch, a patient in this Asylum ? A. Yes, sir.

Do you remember anything unusual in his treatment by Dr. Grissom ? A. I saw Dr. Grissom put his foot on his head, in August, 1883.

State all the circumstances connected with that matter from beginning to end.

Upchurch broke off a piece of iron and was trying to break the window out, and Dr. Grissom was informed of it, and he and others came up there and we all went and put mattresses and got him and threw him down, and Dr. Grissom came to him and put his foot on his head and said, " You damn son of a bitch, how does that feel ? " Then I think he was restrained for a while by strapping to the bed.

CROSS-EXAMINED.

About this Upchurch matter ; you say that Dr. Grissom ordered him to be confined, and that Dr. Grissom came in and put his foot on part of his face and neck ?

A. Yes, sir.

What else did he do ? A. He did nothing else that I know of ; he stood up on the foot ; it was the time he got a piece of strip from the window.

Were there many marks or bruises upon his face ? A. Little bruises here, but do not amount to anything ; I did not notice bruises.

Mr. R. I. Hogan testifies :

Did you know W. P. Upchurch ? did you ever see anything unusual in the treatment of this patient by Dr. Grissom ? A. Yes, sir.

Will you state all the circumstances connected with the Upchurch matter ? A. When Upchurch was in his room excited, and he tore a strip of iron off the window and was trying to break through the window. The Superintendent and myself and another attendant got the iron away from him. The door was open and we ran in with a mattress and shoved him against the side of the house, and then all ran up and threw him down and took the iron away from him ; Superintendent got on him and stamped him, and put his weight upon his throat and said, " You damn son of a bitch, how does that feel ? " He was then strapped to the bedstead.

How long did he remain in that position ? A. He was released the next day.

Please explain to the Board what that process of strapping is. A. They stretched out on a bed full length, and so fastened to the bedstead on his back that he cannot move his body, or his arm, nor his feet, nor his legs. When not fastened tightly he can raise the head a little bit, but cannot raise the shoulders any. (The strapping apparatus is brought into court at Mr. Whitaker's request and the witness describes to the Board how it is used).

Do you say he kept him strapped to the bed until next day ? A. Yes, sir ; but I do not remember the time of day he was released.



Suppose the patient was in that condition, can he obey a call of nature? Yes, sir; on the bed he could.

Is it the habit to unstrap them or do they discharge themselves in their clothes? A. They generally discharge themselves in their clothes.

#### CROSS-EXAMINATION.

That was W. P. Upchurch you speak of? A. Yes, sir.

Do you remember when he was committed to the institution? A. No, sir, I do not.

Do you know that he was committed as criminally insane? A. No, sir.

Do you know that he shot a man nearly to death and was immediately committed to the Asylum? A. I knew that he was at times.

Did you not know that he was a powerful man when he was excited? A. No, sir; no more than others.

Did you say he was defying the authorities of the institution at the time? Yes, sir; he had a bar of iron.

Did it not take almost every man that could get around him to manage him? A. No, sir; four held him.

Did you say that he stamped him in his face? A. Yes, sir; he stamped him in his face and mashed his foot down on his throat.

Tell the Board whether there was a mark upon him. A. Yes, sir; there were marks upon his chin and upon his mouth.

Did anybody see them besides yourself? A. Yes, sir; all that was there.

Who were there? A. Mr. Brewer, the steward, myself and another attendant. I do not remember.

Do you not know that when Dr. Grissom went there, seeing this man struggling with you, all he did was just to place his foot there to assist you? A. No, sir; I do not; that is not the fact.

Were those bruises or scratches about his chin made by Dr. Grissom? A. They were, sir.

Then he strapped him down? A. Yes, sir; with that strap or one like it.

Those straps were here when Dr. Grissom came here? A. Yes, sir.

Do you know that such restraint by straps is an ordinary way of restraining patients in ordinary asylums? A. No, sir; I do not know it.

#### Jno. W. Thompson testifies:

Do you know anything of patients being strapped to the bed? A. Yes, sir; I have seen them strapped frequently.

Do you know for what they were strapped? A. Sometimes as a punishment; sometimes to prevent them from breaking out.

Punishment for what they had done? A. Yes, sir; what I heard it was for cursing the Superintendent sometimes.

Several of the witnesses have spoken of your being present when Upchurch was strapped in 1883 and badly treated by the Superintendent. Were you present? A. I was.

Will you state all the circumstances about the matter? A. Upchurch was locked in his room excited, in what was then the third ward; he had broken a piece of iron off the window guard put there to hold wire in guard. He was

trading in the room with a piece of band iron in his hand, cursing, excited. We could see him from the wire transom over the door. There were present Harris, Hogan, Brewer, I think an attendant named Carpenter, but I am not certain about him, the Superintendent and myself. We concluded to take a mattress and push the door suddenly and rush up on him before he could strike with the iron bar; we prepared the mattress; rushed on him suddenly; three attendants followed and threw him to the floor on his back; the Superintendent rushed in and stamped on his face and said, "You damn son of a bitch, how does that feel?" They pushed him up or let him up. His mouth was bleeding and he was crying, tears running down his cheeks. The Superintendent ordered him to be taken in another room and strapped to the headstead, which was done.

Q I know anything more about that; how long he remained strapped? A. I do not.

W. Thompson on being recalled testifies, on cross-examination:

Q I think that you stated about the case of Upchurch that you witnessed the matter yourself? A. I did.

Q Was he a violent man? A. Yes, sir.

Q Was he a strong man? A. Yes, sir.

Q Was he given to making much trouble with other patients? A. I do not know what he would make much trouble with patients, but he would with attendants.

Q Was in a defiant attitude, was he not, when he was taken? A. Yes, sir.

Q After some time he was taken with a mattress and held down, as you say; what he was held down Dr. Grissom came in and put his foot upon his face? A. He stamped him about the face; he was bleeding about the mouth.

Q Were there all the time and saw all that was going on? A. Yes, sir.

Q Do you see him put his foot on his neck and press him there? A. I do not recollect whether I did or not, sir.

Q Do you see him put his foot on him other than stamp him? A. I don't recollect that.

Q Do you hear a witness, by the name of Hogan, say that he put his foot on his back and choked him that way? A. If that was done I do not recollect it. To the best of my recollection it was a stamp in the face.

Q Do you hear witness Harris say that he put his foot upon his head? Is that so? Did the stamping upon the mouth produce anything like a serious wound? A. It was bloody; I recollect blood and tears.

Q Do you see any abrasions of the skin, or did it come from a tooth? A. I don't think it came from the corner of his mouth.

Q When was that? A. Sometime in the summer of 1883.

Q Was it the same time testified to by other witnesses, Hogan and Harris? A. Yes, sir.

Q How long was he confined? A. I do not recollect.

Q Do you have any knowledge that when persons are strapped they are allowed to be entrapped to obey the calls of nature? A. It is not within my knowledge.

Q Do you have any knowledge about it one way or the other? A. No, only I have seen them soil the bed.

Q What were the Superintendent's orders; do you know? A. No, sir.

By the way, gentlemen, there is a word or two I wish to say in regard to John W. Thompson. While the counsel for Grissom have abused witness after witness and denounced them as perjurers and utterly unworthy of belief, not one word have they said in detraction of the character of Mr. Thompson, except that one of the counsel has commented upon the fact that he has brought no witness here to testify as to his good character. He needs none. John W. Thompson was born and reared in this immediate neighborhood. His whole life is before them. I have no doubt they have diligently searched the country to find some flaw in the character and conduct of Mr. Thompson, but not one word has been said against him and no man is reckless enough to do so, for they well know that no man in North Carolina stands higher for truthfulness, for purity of life and nobility of purpose than John W. Thompson.

I will now read the testimony of Dr. Grissom. It is long, and you may think me tedious; but as I am prosecuting Dr. Grissom and asking you to find him guilty of these serious charges, and to remove him from office, I ask you in justice to him to patiently hear what he has to say. He testifies as follows:

"W. P. Upchurch was admitted here as a patient on January 12, 1878, and is here now. He belonged to the criminal insane and was decidedly homicidal. He shot his brother and attempted to kill other people. He thought that his brothers, etc., were crushed; had hallucinations of hearing; thought he heard people planning to kill him. On one occasion he kicked a guard out of a window and defied any one to come to him. He was strong and dangerous; would attack at night and tear up his bed clothes. His attacks on people were sudden and without warning, and but for restraint would have happened two or three times a day. About June, 1883, it was reported to me that he had torn a bar from the window and was defying the attendants. I went to the room accompanied by attendants and possibly by the Steward. One attendant, named W. H. Crenshaw, proposed to go into his room with a stick. I told him no; no such thing should be used; and then, at my suggestion, he covered himself with a mattress, and, understanding that he would be followed by others, rushed upon him, seized him and disarmed him. A violent struggle ensued, in which I think neither Mr. Thompson nor myself took hold of him. The attendants handled him very clumsily. Everybody, including myself, seemed more or less excited. I told them to throw him down. They did so. I then put one foot upon his neck with a view to holding him down till he should become quiet. In about a minute his paroxysm seemed to subside and I took my foot from his neck. He was then restrained to the bedstead, I do not remember how long, to impress upon him

propriety of such violence. I did not stamp him, because if I had stamped on the face, being under excitement, as we all were, I would probably have broken the bones of his face or nose. If I had stamped him on the neck, under the circumstances, I would most likely have broken his neck. I did not stamp anywhere; and there was no indications of violence except a little blood, which did not come from my foot, but from the struggle. I remember with accuracy the main incidents of this affair, because I regretted the bad example it might have on the attendants, as they might not understand the motives that prompted me. The affair was reported at night, and the report contained no record of violence, and no comment was made upon it.

"William C. Bevers was once an attendant in this institution. He was not present at this affair. He became an attendant here in 1886, I think; certainly not as far back as 1883. There was no attendant present named Bevers at this occurrence. Upchurch's condition has wonderfully improved. At one time he had to be kept in constant seclusion on account of his violence. He now has the largest liberty in the ward and goes out-doors frequently for recreation. I don't remember what I said to Upchurch at the occurrence referred to. I was in the habit of swearing a little when under excitement. If the testimony in regard to my language is as exaggerated as the testimony in regard to my actions it is entitled to no credibility."

Remember, gentlemen, there were present Hogan, Harris, Breer and Carpenter, four strong men, holding Upchurch, and yet Dr. Grissom says, "I put one foot on his neck with a view to holding him down until he should become quiet." "I did not stamp him." When Dr. Grissom, in that celebrated pamphlet that we have heard so much of, pretended to cite the case of Upchurch, why didn't he tell that great convention of eminent alienists that with this insane man held to the floor by four strong men he placed his foot upon his neck as he would upon the neck of a dog, and that then, "to impress upon him the impropriety of such violence," he caused him to be strapped to the bedstead? I venture to say that if he had done so that great convention instead of honoring Dr. Grissom would have expelled him as unworthy of its membership. And then, in addition to the admission of Dr. Grissom, Hogan, Harris and Thompson have testified that he stamped him in the face until he bled. How can you avoid the force of this testimony? Do you believe that Mr. Thompson and these other witnesses have sworn falsely? What have they to gain by it? What promotion can Mr. Thompson expect by the removal of Dr. Grissom? What motive has Harris or Hogan to testify falsely?



Where can there be found the alienist who would not in mistakable terms condemn and denounce such treatment of insane?

Before closing I desire to present to you a sketch of Grissom as drawn by himself. Here it is! Look at it, see if you can see any resemblance to that great and god-man whom the counsel for the defence has so eloquently and often eulogized:

"I again asked King if he said he had never seen any immorality. He said, 'I will tell you all about it when this thing blows over.' I said it might be too late. *This thing might descend to other generations and there might be blood shed about it.* He then became angry and said I had asked him that question four times and for me not to do it again. I asked him if he was trying to bully me. He mumbled out that he was not trying to bully me, but that he didn't want to ask him that question again. *I then said, 'Mr. King, you are trying to bully me and if you try to bully me I will kill you.'* He then turned and left."

"I then told Harris that I had heard of his talking about various females at the institution, and asked him what truth there was in it. His answer, which was about a certain respectable female formerly an attendant here, caused me to take a pistol from my drawer and say, '*You infamous and depraved scoundrel and defamer of female virtue, if you do not leave here I will blow your brains out, and be retired.*'"

"I may have used under excitement a little profanity, but I have never been a common swearer."

How art thou fallen, \* \* oh, Lucifer, son of the morning!

Dr. Grissom's counsel have dwelt upon the high masonic honors which have been bestowed upon their client; they have held up before the eyes of this court the bright and dazzling regalia and insignia of masonic honors worn by him; they have pointed out to you the distinction which he has obtained in the medical profession, and, lastly, they have commented upon the fact of his being a member of one of the great Christian denominations of the land.

Human experience teaches us that high position and exalted rank sometimes end in deep and merited disgrace. Perhaps the greatest man who ever lived, the brightness of whose intellect has since the beginning of the seventeenth century, been giving light to the world, who reached the highest dignity to which an English subject could aspire, was justly convicted of a high crime.



was deprived by Parliament of the office he had so unworthily constituted, and sent with the dark stain of a just condemnation upon him to finish his life in retirement and disgrace.

The glittering and dazzling paraphernalia of the masonic fraternity cannot shield Dr. Grissom; the distinguished honors which his medical associates have bestowed upon him cannot protect him; and even that great Christian denomination of the land, that branch of the Church which, following the footsteps of the Master, goes into the lanes and by-ways seeking the poor and the distressed, the humble and the unlettered, turning their backs from that broad way which leadeth to destruction and leading them into that narrow way which leadeth unto life—even this cannot help him. By the evidence, and by that alone, must he stand or fall.

Now, gentlemen, I must apologize for the long and, I fear, tedious argument which I have made, and thank you for the courteous and close attention which you have given to me. As I have passed through the halls of this Asylum from day to day during the progress of this trial, and heard the moans and screams of these unfortunates, I have been deeply affected with their miserable, wretched and helpless condition. As I have heard falling from the lips of many and reliable witnesses evidence of the hard-heartedness, the tyranny, the mismanagement, the violent and uncontrollable temper of him who should indeed be a kind and tender-hearted father to these people, as I have reflected that these wretched people, far away from their friends and kindred, locked up in these walls, were entirely dependent upon this man for whatever of comfort or hope is possible for them in their sad condition, my heart has swelled with pity for them, and with indignation and wrath against him who has been so unfaithful to his most sacred trust, and by his indifference and his bad and cruel treatment has made the lives of these helpless and unhappy ones even more miserable. The thought of these things follows me by day and haunts me by night. I cannot hide from my sight their countenances of mental agony and despair. I cannot close my ears to their cries of dearest misery, and even as I sleep I hear them say: "Woe is

me, woe is me! Hope is no more!" And feeling as I am, haunted as I am, my whole soul goes out in tender sympathy to the patients who are or who may be here, and if I had the power such would be my words of rebuke and denunciation that that cruel tyrant would wait not for your verdict of dismissal, but would rush, as one mad, from this sacred temple which he has desecrated, and would pray that the mountains would fall on him and the hills cover him.

"Inasmuch as ye did it not to one of the least of these, ye did it not to me."

Great God! Almighty Creator and Ruler of the Universe, whose hands are the destinies of worlds, nations and individual men. Thou knowest that the misfortunes, the trials and the struggles of this world are oftentimes more than we can bear. It was but yesterday that I saw a man of bright intellect, of great learning, of keenly sensitive nature, without apparent cause, pass into the dark and awful shadow of insanity, and consigned to the keeping of these walls. There are dreadful moments in my own life when I too am haunted by the suspicious fear of a diseased brain and it may be that I, or some one whom I love better than my own soul, may have to bear this greatest of human calamities. I pray, I beseech you, good Lord, to so enlighten the understandings and the hearts of the members of this Board upon whom rests the great responsibility of caring for these unfortunate people and of ameliorating their sufferings by all possible means in their power, that they will be able to see their duty and have the courage to perform it. So fill their hearts with kindness, with mercy and with the love of the poor suffering men and women who are or who may be inmates of this institution that they will cast out and utterly destroy that terrible machine of torture, that blot upon the civilization of the nineteenth century, the bed strap, in whose embrace good men and women have suffered the agonies of the damned; and let them send back into the shades of obscurity, let them remove from this sacred temple, him who makes use of this cruel instrument upon the wretched insane in his keeping as a punishment for acts and words beyond their control.











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